

\_\_\_\_\_ COUNTY

**EPCRA HAZARDOUS MATERIALS RESPONSE PLAN TRANSMITTAL  
UPDATE — OFF-SITE FACILITY PLAN — UPDATE**

This document has been prepared in accordance with state and local requirements and is ready to be made a part of the Emergency Operations Plan upon Wisconsin Emergency Management (WEM)/State Emergency Response Commission (SERC) acceptance. This plan **update** meets off-site planning guidance as established by WEM/SERC. Acceptance of this plan is for planning purposes and does not verify facility compliance with the requirements of EPCRA.

**OFF-SITE FACILITY PLAN UPDATE FOR:**

(WEM Facility I.D.) \_\_\_\_\_ - \_\_\_\_\_

Facility Name: \_\_\_\_\_

Location address: \_\_\_\_\_

Note pages and sections revised: \_\_\_\_\_

**LOCAL SIGNATURES:**

I have reviewed the attached plan and to the best of my knowledge all facility information is true, accurate and complete. The plan is consistent with on-site facility procedures.

\_\_\_\_\_  
Facility Coordinator

\_\_\_\_\_  
Date

**COUNTY SIGNATURES**

I have reviewed the attached plan and to the best of my knowledge all information is true, accurate and complete.

\_\_\_\_\_  
County Emergency Management Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Local Emergency Planning Committee Chair

\_\_\_\_\_  
Date

**WEM/SERC ACCEPTANCE:**

This document has been reviewed and meets the off-site planning guidance as established by the WEM/SERC.

\_\_\_\_\_  
WEM Regional Director

\_\_\_\_\_  
Date

\_\_\_\_\_ Review guide attached

### OFF-SITE PLAN UPDATE REVIEW GUIDE

FOR \_\_\_\_ COUNTY FACILITY I.D.: \_\_\_\_\_ - \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

<u>EPCRA Facility Off-Site Plan Update</u>	<u>Page Number</u>
--	--------------------

- |   |       |
|---|-------|
| 1. Facility coordinator / Alternate coordinator   | _____ |
| 2. Extremely hazardous substances   | _____ |
| 3. Special Resources Identified   | _____ |
| 4. Hazard Analysis / Vulnerability Zone calculated using the EPA Technical Guidance for Hazard Analysis | _____ |
| 5. Special Facilities   | _____ |
| 6. Transportation Information   | _____ |

New Guidance (update)

- |  |       |
|--|-------|
| 1. All Extremely Hazardous Substances (EHS) listed | _____ |
| 2. Vulnerability Zone listed for each EHS          | _____ |
| 3. General Information / Assumptions (Disclaimer)  | _____ |

Attachments

- |                                     |       |
|-------------------------------------|-------|
| 1. Chemical Data Sheet for each EHS | _____ |
| 2. Facility floor plan              | _____ |
| 3. Transportation route(s) map      | _____ |