

_____ COUNTY

EPCRA HAZARDOUS MATERIALS RESPONSE PLAN TRANSMITTAL
NEW — OFF-SITE FACILITY PLAN — NEW

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 new plan 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 FOR: _____ (WEM Facility I.D.): _____ - _____

Facility Name: _____

Location address: _____

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 off-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 WEM/SERC.

WEM Regional Director

Date

___ Review guide attached

NEW OFF-SITE FACILITY PLAN REVIEW GUIDE

FOR _____ COUNTY WEM Facility I.D.#: _____ - _____

FACILITY NAME: _____

LOCATION ADDRESS: _____

	<u>Page No.</u>
1) The facility has been identified	_____
2) Facility Coordinator/Alternate Coordinator	_____
3) EHS chemicals identified with CAS numbers, maximum amount and vulnerable zone	_____
4) Primary emergency responders identified	_____
5) Support and Resources Available From Facility	_____
6) Outside Resources Available	_____
7) General Information/Assumptions (Disclaimer)	_____
8) Hazard Analysis Summarized including: Brief description of the facility, greatest potential of a release, container size, storage type, seasonal information, vulnerability zone for all EHS chemicals, estimate of affected, population and possible limitations and conclusions	_____
9) Special Facilities Affected including estimate of population, name, address, phone number and # of people affected. Concentration should be on schools, hospitals, nursing homes and day care centers	_____
10) Population Protection summarized or referenced to the EOP or EPCRA Country-wide Plan if covered in detail	_____
11) Special considerations noted as appropriate	_____
12) Distribution List	_____
13) Transportation Information	_____
ATTACHMENTS:	
14) Plant Layout	_____

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|-----|--|-------|
| 15) | Vulnerability Zone Map highlighting Special Facilities | _____ |
| 16) | Chemical Data Sheet for Each EHS | _____ |
| 17) | Hazardous Materials Worksheet/Calculations or Computer-Generated Vulnerability Zone Calculations | _____ |
| 18) | Map or list of transportation routes over which EHSs are typically transported | _____ |

HAZARDOUS MATERIALS WORKSHEET

County _____

Facility Name: _____ Facility I.D. _____ - _____

EHS CHEMICAL _____

CAS # _____

THRESHOLD PLANNING QUANTITY (TPQ) _____

SOLID LIQUID GAS

PURE MIXTURE - % Mixture = _____

LEVEL OF CONCERN: _____

(LOC is found in Appendix C – Exhibit C-1)

LIQUID FACTOR AMBIENT (if applicable): _____

LIQUID FACTOR BOILING (if applicable): _____

LIQUID FACTOR MOLTEN (if applicable): _____

(Above are found in Appendix C – Exhibit C-1)

MAXIMUM QUANTITY AT RISK – QUANTITY STORED (lbs) x Concentration

a. Largest individual shipment of EHS Chemical or its' mixture. (pounds) _____

b. Largest container size or groups of interconnected containers of EHS Chemical to its' mixture. (pounds) _____

c. If EHS Chemical is in a mixture, indicate from the Material Safety Data Sheet (MSDS), percentage Of EHS Chemical. _____

d. Maximum amount of EHS Chemical stored. (pounds) _____

Is EHS Chemical used or stored in a diked area? YES NO

If so, how large? _____ sq. ft.

CALCULATIONS

County _____

Facility Name: _____

Facility I.D. ____ - ____

Extremely Hazardous Substance Name: _____

CAS #: _____

VULNERABILITY ZONE

LOW WIND SPEED - 3.4 mph _____

Rural - Exhibit 3-1

Urban - Exhibit 3-2

HIGH WIND SPEED - 11.9 _____

Rural - Exhibit 3-3

Urban - Exhibit 3-4

Select either rural or urban and circle your choice. Choice must be the same under low wind and high wind conditions. (See Technical Guidance for Hazards Analysis p. 3-9, Step 3, to determine which to choose.)