

OFF-SITE PLAN UPDATE REVIEW GUIDE

FOR _____ COUNTY FACILITY I.D.: _____ - _____

FACILITY NAME: _____

LOCATION ADDRESS: _____

EPCRA Facility Off-Site Plan Update

Page Number

- 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 _____