

SARA TITLE III EMERGENCY RESPONSE PLAN SUBMITTAL SHEET USE SUBMITTAL SHEET FOR *NEW PLANS ONLY* (NOT REVIEWS)

The off-site response plan, the SARA Title III Emergency Response Plan Submittal Sheet, and the completed SARA Title III Emergency Response Plan Review Sheet must be submitted to the Michigan State Police, Emergency Management and Homeland Security Division, District Coordinator, to begin the review process. Each plan must have a separate submittal sheet. **Note that Plans will not be returned to the LEPC.**

LEPC Name _____	LEPC Planning Contact _____
Facility Name _____	Facility Street Address _____
SARA ID Number from DEQ 302 list _____	Facility City, State, & Zip Code _____
NOTE: PLANS SUBMITTED WITHOUT AN ID NUMBER WILL BE RETURNED BY DISTRICT COORDINATOR! (No exceptions will be made, the LEPC must obtain the facility number from DEQ before submitting the plan to EMD). (Check one)	

The Off-site Response Plan for the facility indicated is hereby submitted. It is consistent with the policy (ies) contained in the EOP/EAG.	
Local Emergency Management Coordinator _____	Date _____

**The coordinator and the plan must be the applicable one for the emergency management program area in which the site is located.*
Statements/References in the plan to information being located in the local Emergency Management Office, EOP, or EAG are accurate. yes

MSP/EMHSD District Coordinator Signature

Date _____

References to Fire Department: Identifies the Fire Department by name. yes

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This product is an acceptable work product under the HMEP planning grant. yes no

Date _____

MSP/EMHSD Planner Signature

Comments:

SARA TITLE III REQUIRED PLAN PROVISIONS

(Section 303, item c)

- a. Identification of facilities subject to the requirements of this subtitle that are within the emergency planning district, identification of routes likely to be used for the transportation of substances on the list of extremely hazardous substances referred to in Section 302(a), and identification of additional facilities contributing or subjected to additional risk due to their proximity to facilities subject to the requirements of the subtitle, such as hospitals or natural gas facilities.
- b. Methods and procedures to be followed by facility owners and operators and local emergency and medical personnel to respond to any release of such substances.
- c. Designation of a community emergency coordinator and facility emergency coordinators who shall make determinations necessary to implement the plan.
- d. Procedures providing reliable, effective, and timely notification by the facility emergency coordinators and the community emergency coordinator to persons designated in the emergency plan, and to the public, that a release has occurred (consistent with the emergency notification requirements of Section 304).
- e. Methods for determining the occurrence of a release, and the area or population likely to be affected by such a release.
- f. A description of emergency equipment and facilities in the community and at each facility in the community subject to the requirements of this subtitle, and an identification of the persons responsible for such equipment and facilities.
- g. Evacuation plans, including provisions for a precautionary evacuation and alternative traffic routes.
- h. Training programs, including schedules for training of local emergency response and medical personnel.
- i. Methods and schedules for exercising the emergency plan.
- j. Review by the State Emergency Response Commission. After completion of an emergency plan under subsection (a) for an emergency planning district, the local emergency planning committee shall submit a copy of the plan to the State Emergency Response Commission of each state in which such district is located. The commission shall review the plan and make recommendations to the committee on revisions of the plan that may be necessary to ensure coordination of such plan with emergency response plans of other emergency planning districts. To the maximum extent practicable, such review shall not delay implementation of such plan.

**MICHIGAN
SARA TITLE III
EMERGENCY RESPONSE PLAN COMPLETION SHEET**

To be completed by LEPC and attached to each plan as part of the plan

LEPC: _____ Date: _____

Is this a SARA Title III Section 302 site with extremely hazardous substance(s) (EHSs)? yes no

Name of EHS(s): _____

Facility Name: _____

Facility Address: _____

Lat. and Long. : _____

REQUIRED ITEMS

Each emergency plan shall include the following items.

Check appropriate box for location of where item can be found. Note instructions for each column.

NOTE: Items 9,10,11,12,14,15,16 & 17 cannot be referenced to another document. They must be in the offsite HazMat Plan. You must ID the Fire Department where information is located if you check the Fire Department box.

	<u>Fire Department</u> (Name of fire department must be referenced in "Other" column)	<u>Emergency Management Office/EOP/EAG</u>	<u>Included in HazMat Response Plan</u>	<u>Other</u> Specify EOP/EAG /HazMat plan Page Number; or, If Fire Department box is checked, give FD name below
1. A statement or procedure that describes how population protection decisions will be made and implemented for accidental chemical release incidents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. A statement or procedure that describes the community's medical response actions in the event of an accidental chemical release in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. A description of the community's HazMat response procedures and equipment and who maintains the equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. A description of the community's HazMat responder training schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	<u>Fire Department</u> (Name of fire department must be referenced in "Other" column)	<u>Emergency Management Office/EOP/EAG</u>	<u>Included in HazMat Response Plan</u>	<u>Other</u> Specify EOP/EAG /HazMat plan Page Number; or, If Fire Department box is checked, give FD name below
5. A description of the community's exercise schedule for HazMat sites and the method(s) used for exercising.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. A list of persons/organizations to contact for assistance (e.g. railroads, DEQ/DNR offices, Drain Commissioners, Road Commissions, airports, health departments, police/sheriff, etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. A statement or procedure on how Mutual Aid will be activated <u>and/or</u> the adjoining LEPC will be contacted, should it become necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. A list of the known SARA Title III, Section 302 HazMat sites in the Local Emergency Planning Committee's geographical area of jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Identifies the facility emergency coordinator and emergency telephone number(s).	NA	NA	<input type="checkbox"/>	_____
10. Provides an inventory of extremely hazardous substances at the facility.	NA	NA	<input type="checkbox"/>	_____
11. Identifies the method used to determine the population likely to be affected by a release and identify area affected (vulnerable zone).	NA	NA	<input type="checkbox"/>	_____
12. Identifies facilities with special populations, such as hospitals, schools, and nursing homes, and identify facilities that may contribute to or are subject to, additional risk due to their proximity to the facility.	NA	NA	<input type="checkbox"/>	_____
13. Identifies provisions for evacuation routes, including alternate routes out of the vulnerable zone if evacuation becomes necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Identifies routes over which extremely hazardous substances are transported.	NA	NA	<input type="checkbox"/>	_____
15. Describes the facility's procedures to be followed once a release has been detected.	NA	NA	<input type="checkbox"/>	_____

	<u>Fire Department</u> (Name of fire department must be referenced in "Other" column)	<u>Emergency Management Office/EOP/EAG</u>	<u>Included in HazMat Response Plan</u>	<u>Other</u> Specify EOP/EAG /HazMat plan Page Number; or, If Fire Department box is checked, give FD name below
16. Identifies the hazardous materials expertise and emergency response equipment of the facility, and identifies how the equipment is maintained.	NA	NA	<input type="checkbox"/>	_____
17. Includes procedures for a timely notification of a release by the owner/operator to the local emergency management coordinator and government agencies.	NA	NA	<input type="checkbox"/>	_____

RECOMMENDED ITEMS

The following items are recommended but are not required. Including these items in the plan will make it a stronger and more complete document.

1. Includes an inventory of other chemicals of concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Provides a facility location map.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Provides a site layout map indicating chemical location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Establishes access control procedures and maps access control points and traffic rerouting within the vulnerable zone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Provides contact names and phone numbers for populations of concern, e.g. schools, hospitals, shopping centers, factories.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Identifies shelters in the event an evacuation is needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Identifies where chemical specific toxicological information can be found.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Reviewer Comments: