



**NTH Consultants, Ltd.**  
Infrastructure Engineering  
and Environmental Services



***PRESENTATION:***

# Creating Your Emergency Response Plan

***PRESENTED BY:***

Marianne Gutknecht

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*December 2, 2014*



12/18/2014

## Our Speaker



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## Where to Begin?





## What Regulations Apply?

- How much is on site?
- How much material is stored indoors?
- How much materials is stored outdoors?
- Any materials stored in regulated aboveground or underground storage tanks?



## What Regulations Apply?

- Utilize facility resources
  - Purchasing records
  - Inventory software
- If necessary, conduct an inventory
  - Dispose of unused or outdated materials
  - Label or barcode all containers
  - Multiple teams to conduct inventory/ assign areas
  - Create chemical storage areas
- Develop a routine inventory schedule(annually)



# What Regulations Apply?

-----  
525238-00 MOBIL MULTIPURPOSE ATF  
MATERIAL SAFETY DATA BULLETIN  
-----

-----  
1. PRODUCT AND COMPANY IDENTIFICATION  
-----

PRODUCT NAME: MOBIL MULTIPURPOSE ATF  
SUPPLIER: EXXONMOBIL OIL CORPORATION  
3225 GALLOWS RD.  
FAIRFAX, VA 22037  
24 - Hour Health and Safety Emergency (call collect): 609-737-4411  
24 - Hour Transportation Emergency:  
CHEMTREC: 800-424-9300 202-483-7616  
LUBES AND FUELS: 281-834-3296  
Product and Technical Information:  
Lubricants and Specialties: 800-662-4525 800-443-9966  
Fuels Products: 800-947-9147  
MSDS Fax on Demand: 713-613-3661  
MSDS Internet Website: <http://www.exxon.com>,  
<http://www.mobil.com>

-----  
2. COMPOSITION/INFORMATION ON INGREDIENTS  
-----

CHEMICAL NAMES AND SYNONYMS: BASE OIL AND ADDITIVES

GLOBALLY REPORTABLE MSDS INGREDIENTS:  
None.

OTHER INGREDIENTS:  
Substance Name Approx. Wt%

-----  
SOLVENT DEWAXED LIGHT 30-40  
PARAFFINIC DISTILLATE  
(PETROLEUM) (64742-56-9)  
See Section 8 for exposure limits (if applicable).  
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3. HAZARDS IDENTIFICATION  
-----



## Oil Characterization

Material	Oil	Not Oil
Aluminum Sulfate		X
Bonderite		X
Brake Fluid	X	
Cationic Polymer		X
Caustic Soda		X
Chemfos		X
Chemkleen		X
Cleaning Liquids		X
Diesel Fuel	X	
E-coat		X
E-coat Pigment		X
E-coat Resin		X
E-coat Waste		X
Engine Oil	X	
Ethylene Glycol		X
Ferric Chloride		X
Floor and Industrial Soap		X
Honing Oil	X	
Hydraulic Oil	X	
Hydrochloric Acid		X
Kerosene	X	
Lube Oil	X	
Methyl alcohol		X

Motor Oil	X	
Epoc/Omnichem		X
Paints		X
Paints - oil based	X	
Phosphate Accelerator		X
Phosphate Cleaners		X
Pottasium Hydroxide		X
Power Steering Fluid	X	
Priolene		X
Purge Solvent		X
Sodium Hydroxide		X
Sodium Hypochlorite		X
Soluble Oil	X	
Spent/Scarp solvents		X
Sulfuric Acid		X
Transmission Fluid	X	
Unleaded Gasoline	X	
Used Hydraulic Oil	X	
Used Oil	X	
Used Oil from Skimmer	X	
Virgin Solvents		X



**CHEMICAL REPORTABLE QUANTITY (RQ) LIST IN POUNDS (#)**

<b>CHEMICAL (CASN)</b>	<b>PART 5 RQ</b>	<b>CERCLA RQ</b>
AMMONIUM HYDROXIDE	100 #	1000 #
FERRIC CHLORIDE (Solution) (7705-08-0)	100 #	1000 #
HYDRAZINE HYDRATE	1 #	1 #
LIME (CALCIUM HYDROXIDE) (1305-62-0)	NOT LISTED	NOT LISTED
POTASSIUM PERMANGANATE (7722-64-7) Solid and 5% SOLUTION	10 # 1 GALLON	100 # 9 GALLONS
SALT (SODIUM CHLORIDE)	50 # OR 50 GALLONS	NOT LISTED
SALT (CALCIUM CHLORIDE)	50 # OR 50 GALLONS	NOT LISTED
SODIUM HYDROXIDE (25%) (1310-73-20)	100 # 7 GALLONS	1000 # 78 GALLONS
SODIUM HYPOCHLORITE (16%) (7681-052-9)	10 # 1 GALLON	100 # 55 GALLONS
TPC SOLVENT (ALIPHATIC HYDROCARBONS)	REGULATED AS PETROLEUM	NOT LISTED



## Plan Development

- Existing facility emergency plans and/or procedures?
  - Written procedures (SOPs)
  - List of emergency equipment
  - Evacuation diagrams
  - Notification procedures
  - Training program



## Plan Development

- DEQ/EPA resources
  - DEQ PIPP Completeness Review Checklist
  - DEQ SWPPP template, checklist, and sample plan
  - EPA Hazardous Waste Inspection Forms
  - EPA Tier I Qualified Facility Tier I template and example plans
  - EPA Compliance Guide for Regional Inspectors (SPCC)



## Integrated Contingency Plan (ICP)

- Common integrated plans include:
  - SPCC/PIP
  - SPCC/PIP/SWPPP
  - SPCC/PIP/SWPPP/HWC
  - RMP/OSHA's Process Safety
- ICP a guidance, not regulatory
- EPA format or your own



### Pollution Incident Prevention (PIP) Plan Reference Sheet

Requirement	Section
(a) All of the following general facility information:	---
(i) Facility name.	1.1
(ii) Mailing address.	1.1
(iii) Street address, if other than the mailing address.	1.1
(iv) Facility phone number.	1.1
(v) 24-hour emergency phone number or numbers.	1.1
(vi) Internal emergency notification procedures.	1.0, 6.1.
(vii) The name of the designated spill prevention and control coordinator.	6.1.2
(viii) The name of the person or persons responsible for on-site spill prevention	6.1.2
(ix) The name of the facility owner.	1.1
(x) A map showing the facility relative to the surrounding area, including thoroughfares.	App A
(b) Procedures for emergency notification of all of the following entities:	--
(i) The department's pollution emergency alerting system (PEAS).	7.2
(ii) National Response Center.	7.2
(iii) Local emergency planning committee.	7.2
(iv) Local fire department.	7.2
(v) Local law enforcement agency.	7.2
(vi) wastewater treatment plant if the facility is served by a municipal wastewater treatment plant.	7.2
(vii) Appropriate spill cleanup contractor, or consulting firm, or both.	6.1.2, 7.2
(c) All of the following spill control and cleanup procedures:	---
(i) Inventory and location of spill control and cleanup equipment available on-and off-site	6.2, App B
(ii) Procedures for response and cleanup.	7.1
(iii) Procedures for characterization and disposal of recovered materials.	7.1
(d) A polluting material inventory, including all of the following information:	App D

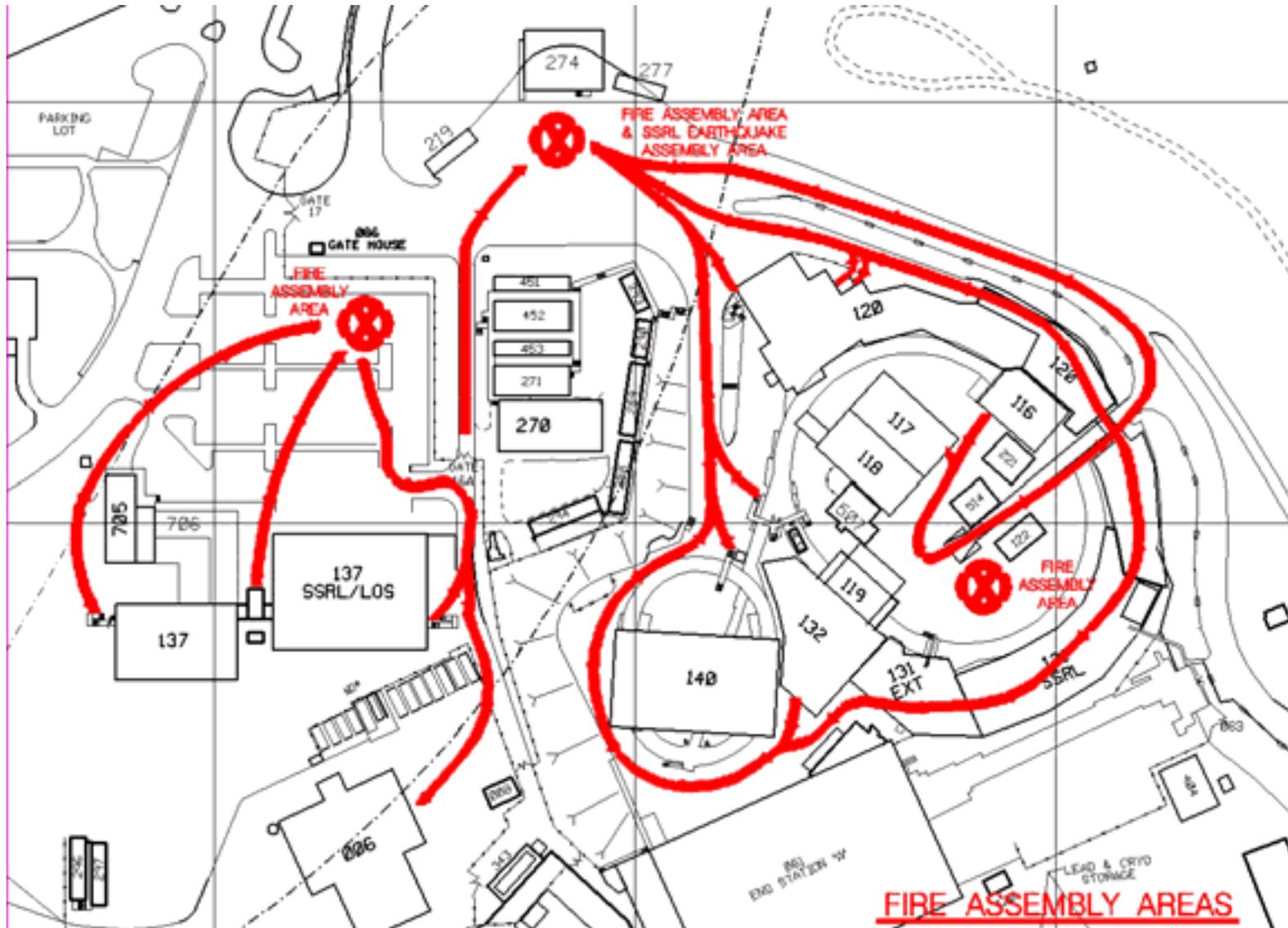


## Common Elements of Emergency Response Plans

- Facility information
  - Site plans/maps
- Secondary containment requirements
- Spill prevention procedures
- Inspections
- Emergency response/notification procedures
- Training

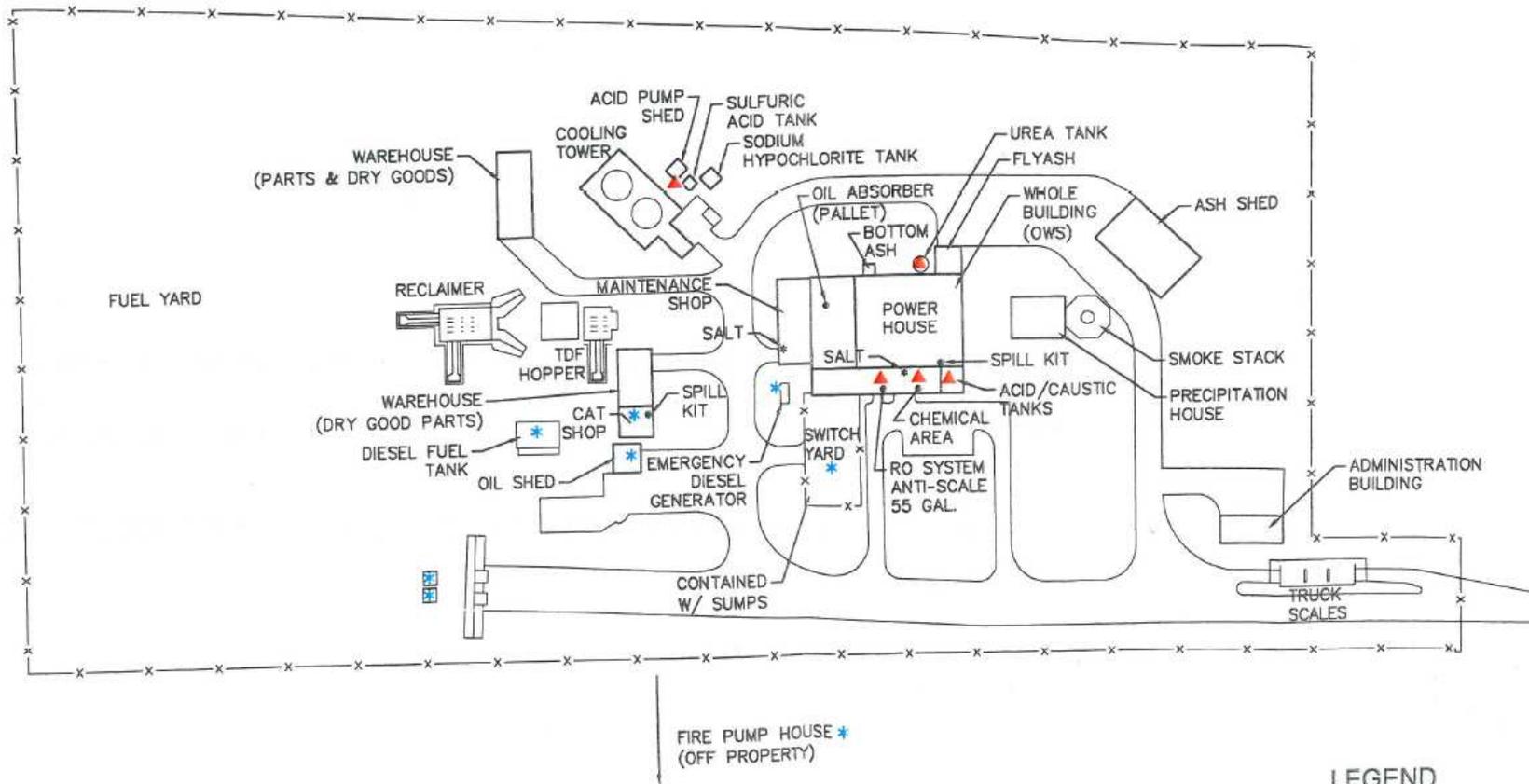


# Example Site Evacuation Route Plan





# Site Plan Material Storage / Drainage Areas



**LEGEND**  
 \* OIL  
 ▲ CHEMICALS

 <b>NTH Consultants, Ltd.</b> Infrastructure Engineering and Environmental Services		CDP FILE NAME: 140376-SL	
		REVISED BY: DAL	DATE: 7/15/2014
NTH PROJECT No.: 62-140376-00		DRAWN BY: AMR	CHECKED BY: DAL
SITE LAYOUT		DRAWN SCALE: 1" = 100'	REVISED DATE: 7/25/2011
FIGURE: 10 2			



## Plan Requirements Secondary Containment

- Provide secondary containment to prevent a discharge
- Examples of general secondary containment include:
  - Dikes, berms or retaining walls sufficiently impervious to contain spilled materials
  - Curbing or drip pans
  - Sumps and collection systems
  - Culverting, gutters or other drainage systems
  - Weirs, booms or other barriers
  - Spill diversion ponds
  - Retention ponds
  - Sorbent materials



## Plan Requirements Secondary Containment

- Specific minimum size requirement for secondary containment for:
  - Bulk storage containers
  - Mobile or portable bulk storage containers
- For Bulk Storage containers, sized containment could be an earthen berm, concrete dike or earthen remote impoundment



## Plan Requirements - Spill Prevention

- Procedures for spill prevention
  - Loading/Unloading
  - Material storage and handling
- Consider all sizes
  - Tanker trucks
  - Bulk materials
  - 55-gallon drums
- Good housekeeping procedures/best management practices



12/18/2014

# Plan Requirements - Inspections





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## Plan Requirements - Inspections





### SPCC/PIP/SWPP Monthly Area Inspection Sheet

Location	Type of Storage / Content	Capacity or maximum amount	Evaluation of Container Integrity	Containment Integrity? (where applicable)	Safety / Security Devices Operational? (alarms)	Maintenance Required / Completed	Date / Time	Inspector's Initials
Roll Mill Bldg.	Kochs reducing block hydraulic vault	2-2,200 gal. Tanks						
Roll Mill Bldg.	Portable Storage tank above Kochs hydraulic vault near Door #69	345 gal.						
E. Side of Main Pump House	Horizontal Tank (emergency diesel fuel storage)	290 gal.						
Fueling Station	Horizontal Tank (fork truck & locomotive diesel fuel storage)	12,000 gal.						
Fueling Station	Horizontal Tank - Used Oil	1,000 gal.						
Fueling Station	Horizontal Tank - Gasoline	550 gal.						
Fueling Station	Waste Material Drum Compound	55 gal. Drums						
Fueling Station	Horizontal Tank - Diesel Fuel (Hydro Tech.)	500 gal.						
Melt Shop Eco Vault	Horizontal Tank - Diesel Fuel	1,000 gal.						



Inspection No. \_\_\_\_\_

**COMPREHENSIVE INSPECTION LOG**

Inspection Performed On: Date \_\_\_\_\_

Time \_\_\_\_\_

Inspection Performed By: Name \_\_\_\_\_

Company \_\_\_\_\_

After inspecting the following items as described, check the appropriate box. For those items where a problem is noted, provide a detailed written description of the problem in the space provided below. If more space is needed, attach additional sheets along with sketches, photographs, etc.

**Security**

- 1. Warning signs in place and legible ..... Yes [ ] No [ ]
- 2. Tampering, vandalism, or entrance by unauthorized personnel not evident ..... Yes [ ] No [ ]

**Outside ASTs**

- 1. Spill containment materials available in adequate amounts ..... Yes [ ] No [ ]
- 2. AST areas free of spills, leaks, petroleum products ..... Yes [ ] No [ ]
- 3. Containment area free of settlement, erosion, debris and rainwater ..... Yes [ ] No [ ]
- 4. Containment barriers structurally sound ..... Yes [ ] No [ ]

**Salt Piles**

- 1. Is salt contained within the designated area? ..... Yes [ ] No [ ]
- 2. Is area in vicinity of salt pile free of salt? ..... Yes [ ] No [ ]

**Outfall Location**

- 1. Outfall free of sediment and debris, and is functional ..... Yes [ ] No [ ]
- 2. Outfall free of sediment buildup ..... Yes [ ] No [ ]
- 3. Outfall free of visible surface erosion ..... Yes [ ] No [ ]
- 4. Outfall appears free of debris, sediment, petroleum materials, and other significant materials ..... Yes [ ] No [ ]



### STI SP001 Monthly Inspection Checklist

#### General Inspection Information:

Inspection Date: _____	Retain Until Date: _____ (36 months from inspection date)
Prior Inspection Date: _____	Inspector Name: _____
Tanks Inspected (ID #'s): _____	

#### Inspection Guidance:

- > For equipment not included in this standard, follow the manufacturer recommended inspection/testing schedules and procedures.
- > The periodic AST inspection is intended for monitoring the external AST condition and its containment structure. This visual inspection does not require a certified inspector. It shall be performed by an owner's inspector who is familiar with the site and can identify changes and developing problems.
- > Upon discovery of water in the primary tank, secondary containment area, interstice, or spill container, remove promptly or take other corrective action. Before discharge to the environment, inspect the liquid for regulated products or other contaminants and disposed of it properly.
- > (\*) designates an item in a non-conformance status. This indicates that action is required to address a problem.
- > Non-conforming items important to tank or containment integrity require evaluation by an engineer experienced in AST design, a certified inspector, or a tank manufacturer who will determine the corrective action. Note the non-conformance and corresponding corrective action in the comment section.
- > Retain the completed checklists for 36 months.
- > **In the event of severe weather (snow, ice, wind storms) or maintenance (such as painting) that could affect the operation of critical components (normal and emergency vents, valves), an inspection of these components is required immediately following the event.**

Item	Status	Comments
<b>1.0 Tank Containment</b>		
1.1 Water in primary tank, secondary containment, interstice, or spill container?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
1.2 Debris or fire hazard in containment?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
1.3 Drain valves operable and in a closed position?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	
1.4 Containment egress pathways clear and gates/doors operable?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	



TANK ID \_\_\_\_\_

**SPECIFICATION:**

Design:  UL \_\_\_\_\_  SWRI \_\_\_\_\_  Horizontal  Vertical  Rectangular  
 API \_\_\_\_\_  
 Unknown  Other \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Contents: \_\_\_\_\_ Construction Date: \_\_\_\_\_ Last Repair/Reconstruction Date: \_\_\_\_\_

Dimensions: \_\_\_\_\_ Capacity: \_\_\_\_\_ Last Change of Service Date: \_\_\_\_\_

Construction:  Bare Steel  Cathodically Protected (Check one: A.  Galvanic or B.  Impressed Current) Date Installed: \_\_\_\_\_  
 Coated Steel  Concrete  Plastic/Fiberglass  Other  
 Double Bottom  Double Wall  Lined Date Installed: \_\_\_\_\_

Containment:  Earthen Dike  Steel Dike  Concrete  Synthetic Liner  Other \_\_\_\_\_

CRDM:  Date Installed: \_\_\_\_\_ Type: \_\_\_\_\_

Release Prevention Barrier:  Date Installed: \_\_\_\_\_ Type: \_\_\_\_\_

TANK ID \_\_\_\_\_

**SPECIFICATION:**

Design:  UL \_\_\_\_\_  SWRI \_\_\_\_\_  Horizontal  Vertical  Rectangular  
 API \_\_\_\_\_  
 Unknown  Other \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Contents: \_\_\_\_\_ Construction Date: \_\_\_\_\_ Last Repair/Reconstruction Date: \_\_\_\_\_

Dimensions: \_\_\_\_\_ Capacity: \_\_\_\_\_ Last Change of Service Date: \_\_\_\_\_

Construction:  Bare Steel  Cathodically Protected (Check one: A.  Galvanic or B.  Impressed Current) Date Installed: \_\_\_\_\_  
 Coated Steel  Concrete  Plastic/Fiberglass  Other  
 Double Bottom  Double Wall  Lined Date Installed: \_\_\_\_\_

Containment:  Earthen Dike  Steel Dike  Concrete  Synthetic Liner  Other \_\_\_\_\_

CRDM:  Date Installed: \_\_\_\_\_ Type: \_\_\_\_\_

Release Prevention Barrier:  Date Installed: \_\_\_\_\_ Type: \_\_\_\_\_



## Plan Requirements Emergency Response

- Identify key contact personnel and alternates
- Procedures for spill response and notifications
  - Account for everyone (employees, visitors, contractors)
  - Designate mustering locations (upwind of the site)
  - Procedure for addressing media
  - Follow-up notification procedures
- Get to know your local fire department/local responders



# MDEQ Spill or Release Report Form EQP 3465



Michigan Department of Environmental Quality

## SPILL OR RELEASE REPORT

Issued by authority of the Michigan Department of Environmental Quality.

**NOTE:** Some regulations require a specific form to use and procedures to follow when reporting a release. Those forms and procedures **MUST** be used and followed if reporting under those regulations. This report form is to aid persons reporting releases under regulations that do not require a specific form. This report form is not required to be used. To report a release, some regulations require a facility to call the PEAS Hotline at 800-292-4706 (or the DEQ District Office that oversees the county where it occurred) and other agencies and provide information that is included in this form. A written follow-up report might be required. This form may be used for the written follow-up report and to document the initial report. If you prefer to submit this report electronically by FAX or e-mail, contact the regulating agency for the correct telephone number or e-mail address. Go to [www.michigan.gov/chemrelease](http://www.michigan.gov/chemrelease) for more information.

Please print or type all information.

Name and Title of Person Submitting Written Report		Telephone Number (provide area code) ( )	
Name of Business		RELEASE LOCATION (Provide address if different than business, if known, and give directions to the spill location. Include nearest highway, town, road intersection, etc.)	
Street Address			
City, State, ZIP			
Business Telephone Number (provide area code) ( )			
SITE IDENTIFICATION NUMBER AND OTHER IDENTIFYING NUMBERS (if applicable)		County	Township
			Tier/Range/Section (if known)

**RELEASE DATA:** Complete all applicable categories. Check all the boxes that apply to the release. Provide the best available information regarding the release and its impacts. Attach additional pages if necessary.

DATE & TIME OF RELEASE (if known)	DATE & TIME OF DISCOVERY	DURATION OF RELEASE (if known)	TYPE OF INCIDENT
____/____/____ am/pm	____/____/____ am/pm	____ days ____ hours ____ minutes	<input type="checkbox"/> Explosion <input type="checkbox"/> Fire <input type="checkbox"/> Leaking container <input type="checkbox"/> Other <input type="checkbox"/> Loading/unloading release <input type="checkbox"/> Pipe/valve leak or rupture <input type="checkbox"/> Vehicle accident

MATERIAL RELEASED (chemical or trade name)	CAS NUMBER OR HAZARDOUS WASTE CODE	ESTIMATED QUANTITY RELEASED (indicate unit e.g. lbs, gals, cu ft, or yds)	PHYSICAL STATE RELEASED (indicate if solid, liquid, or gas)
<input type="checkbox"/> CHECK HERE IF ADDITIONAL MATERIALS LISTED ON ATTACHED PAGE.			

FACTORS CONTRIBUTING TO RELEASE	SOURCE OF LOSS
<input type="checkbox"/> Equipment failure <input type="checkbox"/> Operator error <input type="checkbox"/> Faulty process design <input type="checkbox"/> Training deficiencies <input type="checkbox"/> Unusual weather conditions <input type="checkbox"/> Other	<input type="checkbox"/> Container <input type="checkbox"/> Railroad car <input type="checkbox"/> Pipeline <input type="checkbox"/> Ship <input type="checkbox"/> Tank <input type="checkbox"/> Other <input type="checkbox"/> Tanker <input type="checkbox"/> Truck

TYPE OF MATERIAL RELEASED	MATERIAL LISTED ON OR DEFINED BY	IMMEDIATE ACTIONS TAKEN
<input type="checkbox"/> Agricultural: manure, pesticide, fertilizer <input type="checkbox"/> Chemicals <input type="checkbox"/> Flammable or combustible liquid <input type="checkbox"/> Hazardous waste <input type="checkbox"/> Liquid industrial waste <input type="checkbox"/> Oil/petroleum products or waste <input type="checkbox"/> Salt <input type="checkbox"/> Sewage <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input type="checkbox"/> CAA Section 112(r) list (40 CFR Part 68) <input type="checkbox"/> CERCLA Table 302.4 (40 CFR Part 302) <input type="checkbox"/> EPCRA Extremely Hazardous Substance (40 CFR Part 355) <input type="checkbox"/> NREPA Part 31, Part 5 Rules polluting material <input type="checkbox"/> NREPA Part 111 or RCRA hazardous waste <input type="checkbox"/> NREPA Part 121 liquid industrial waste <input type="checkbox"/> Other list <input type="checkbox"/> Unknown	<input type="checkbox"/> Containment <input type="checkbox"/> Dilution <input type="checkbox"/> Evacuation <input type="checkbox"/> Hazard removal <input type="checkbox"/> Neutralization <input type="checkbox"/> System shut down <input type="checkbox"/> Other <input type="checkbox"/> Diversion of release to treatment <input type="checkbox"/> Decontamination of persons or equipment <input type="checkbox"/> Monitoring

RELEASE REACHED	Distance from spill location to surface water, in feet
<input type="checkbox"/> Surface waters (include name of river, lake, drain involved) <input type="checkbox"/> Drain connected to sanitary sewer (include name of wastewater treatment plant and/or street drain, if known) <input type="checkbox"/> Drain connected to storm sewer (include name of drain or water body it discharges into, if known) <input type="checkbox"/> Groundwater (indicate if it is a known or suspected drinking water source and include name of aquifer, if known)	_____
<input type="checkbox"/> Soils (include type e.g. clay, sand, loam, etc.) <input type="checkbox"/> Ambient Air <input type="checkbox"/> Spill contained on impervious surface	

EXTENT OF INJURIES (if any)	WAS ANYONE HOSPITALIZED? <input type="checkbox"/> Yes Number Hospitalized: _____ <input type="checkbox"/> No	NUMBER OF INJURIES TREATED ON SITE
-----------------------------	---	------------------------------------

Describe the incident, the type of equipment involved in the release, how the volume of loss was determined, along with any resulting environmental damage caused by the release. Identify who immediately responded to the incident (own employees or contractor - include cleanup company name, contact person, and telephone number). Also identify who did further cleanup activities if performed or known when report submitted.  
 CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE

Estimated quantity of any recovered materials and a description of how those materials were managed (include disposal method if applicable)  
 CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE

Assessment of actual or potential hazards to human health (include known acute or immediate and chronic or delayed effects, and where appropriate, advice regarding medical attention necessary for exposed individuals.)  
 CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY NOTIFIED:	OTHER ENTITIES NOTIFIED:
INITIAL CONTACT BY: <input type="checkbox"/> Telephone <input type="checkbox"/> FAX <input type="checkbox"/> Email <input type="checkbox"/> Other DATE/TIME INITIAL CONTACT: _____ <input type="checkbox"/> PEAS: 800-292-4706 Log Number Assigned _____ <input type="checkbox"/> DEQ District or Field Office <input type="checkbox"/> Bay City <input type="checkbox"/> Cadillac <input type="checkbox"/> Calumet <input type="checkbox"/> Crystal Falls <input type="checkbox"/> Detroit <input type="checkbox"/> Gaylord <input type="checkbox"/> Grand Rapids	Date: _____ Time: _____ <input type="checkbox"/> National Response Center (NRC): 800-424-8802 <input type="checkbox"/> US Coast Guard Office: <input type="checkbox"/> Detroit <input type="checkbox"/> Grand Haven <input type="checkbox"/> Sault Ste. Marie <input type="checkbox"/> US Department of Transportation <input type="checkbox"/> US Environmental Protection Agency <input type="checkbox"/> 911 (or primary public safety answering point) <input type="checkbox"/> Local Fire Department <input type="checkbox"/> Local Police/State Police/Sheriff Dept <input type="checkbox"/> Local Emergency Planning Committee <input type="checkbox"/> State Emergency Response Commission <input type="checkbox"/> via MI SARA Title III Program <input type="checkbox"/> Wastewater Treatment Plant Authority <input type="checkbox"/> Hazmat Team <input type="checkbox"/> Local Health Department <input type="checkbox"/> MIOSHA <input type="checkbox"/> Bureau of Fire Services Fire Marshal Division <input type="checkbox"/> MI Dept of Agriculture & Rural Dev: 800-405-0101 <input type="checkbox"/> Other
Divisions or Offices Contacted: <input type="checkbox"/> Air Quality <input type="checkbox"/> Remediation & Redevelopment <input type="checkbox"/> Office of Oil Gas & Minerals <input type="checkbox"/> Water Resources <input type="checkbox"/> Office of Waste Management <input type="checkbox"/> & Radiological Protection <input type="checkbox"/> Office of Drinking Water & Municipal Assistance	
NOTE: DEQ Office locations are subject to change NAME AND TITLE OF PERSON MAKING INITIAL REPORT: _____ DEQ STAFF CONTACTED & TELEPHONE NUMBER: _____ _____ _____	PERSON CONTACTED & TELEPHONE NUMBER: _____ _____ _____
DATE WRITTEN REPORT SUBMITTED	SIGNATURE OF PERSON SUBMITTING WRITTEN REPORT



## Plan Requirements Training

- Conduct drills
- Identify training needs
  - Awareness training
  - Job-specific training
- Formal and/informal training
  - Departmental or safety meetings
  - Computer based training
- Document training





## Common Plan Violations

- Failure to send in copies to state or local agencies
- Failing to keep plan(s) updated
- Missing documentation
- Failing to keep required documentation for three years



## Example Scenario

- What regulations apply?
- What plans are needed?



# REFERENCES





## A FEW USEFUL WEBSITES

1. EPA's Audit Policy: "Incentives for Self-Policing: Discovery, Disclosure, Correction and Prevention of Violations"  
<http://www.epa.gov/compliance/incentives/auditing/auditpolicy.html>
2. EPA's Audit Protocols & Guidance:  
<http://cfpub.epa.gov/compliance/resources/policies/incentives/auditing/>
3. MDEQ' Environmental Audit Privilege & Immunity:  
[http://www.michigan.gov/deq/0,1607,7-135-3307\\_3666\\_4135---,00.html](http://www.michigan.gov/deq/0,1607,7-135-3307_3666_4135---,00.html)
4. Michigan's Guide to Environmental, Health, and Safety Regulations (April 2012):  
[http://www.michigan.gov/deq/0,1607,7-135-3310\\_4148-15820--,00.html](http://www.michigan.gov/deq/0,1607,7-135-3310_4148-15820--,00.html)  
Self-assessment survey:  
[http://www.michigan.gov/documents/deq/dnre-oppca-EHSAssessmentSurvey\\_328520\\_7.doc](http://www.michigan.gov/documents/deq/dnre-oppca-EHSAssessmentSurvey_328520_7.doc)
5. Michigan's list of common waste generator violations  
[http://www.michigan.gov/deq/0,4561,7-135-3312\\_4118\\_4240-18543--,00.html](http://www.michigan.gov/deq/0,4561,7-135-3312_4118_4240-18543--,00.html)



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# QUESTIONS?

