**SUPERFUND AMENDMENTS AND REAUTHORIZATION ACT (SARA) TITLE III EMERGENCY RESPONSE PLAN SUBMITTAL SHEET**

**AUTHORITY:** 1976 PA, 390, MCL 30.407A; 42 USC 11003 **COMPLIANCE:** Voluntary

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 Completion Sheet must be submitted to the Michigan State Police, Emergency Management and Homeland Security Division (MSP/EMHSD), District Coordinator, to begin the review process. Each plan must have a separate submittal sheet. **Note: Plans will NOT be returned to the Local Emergency Planning Committee (LEPC)**.

|  |  |
| --- | --- |
| **LEPC Name**      | **Date** Click here to enter a date. |

|  |  |
| --- | --- |
| **Facility Name**      | **Facility Street Address**      |
| **SARA ID Number from Department of Environmental Quality (DEQ) 302 List**      | **Facility City, State Zip Code**      |
| **NOTE: Plans submitted without a SARA ID Number will be returned by MSP/EMHSD.**No exceptions will be made; the LEPC must obtain the facility number from the Department of Environmental Quality before submitting the plan to the MSP/EMHSD. |

|  |
| --- |
| This off-site response plan for the facility indicated is hereby submitted. The information contained within is consistent with the policy(ies) contained by the jurisdiction’s Emergency Operations Plan/Emergency Action Guidelines (EOP/EAG). |
| **Local Emergency Management Coordinator** | **Date** Click here to enter a date. |

*The coordinator and the plan must be the applicable one for the emergency management program area in which the site is located.*

MSP/EMHSD District Coordinators: References in this plan and submittal sheet to information being located in the Local Emergency Management Office EOP or EAG are accurate. **Yes [ ]**

|  |  |
| --- | --- |
| **MSP/EMHSD District Coordinator Signature** | **Date** Click here to enter a date. |

References to fire department: Identifies the Fire Department by name. **Yes [ ]**

The Michigan State Police, Emergency Management and Homeland Security Division finds this work product acceptable under SARA Title III planning requirements and eligible for Hazardous Material Emergency Planning grant funding (if applicable).

|  |  |
| --- | --- |
| **MSP/EMHSD Planner Signature** | **Date** Click here to enter a date. |
| **Comments**      |

**SARA TITLE III REQUIRED PLAN PROVISIONS**

**42 USC 11003**

**Subsection c**

1. Identification of facilities subject to the requirements of 42 USC 11001 – 11005 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 42 USC 11002(a), and identification of additional facilities contributing or subjected to additional risk due to their proximity to facilities subject to the requirements of 42 USC 11001 – 11005, such as hospitals or natural gas facilities.
2. 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.
3. Designation of a community emergency coordinator and facility emergency coordinators who shall make determinations necessary to implement the plan.
4. 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 42 USC 11004).
5. Methods for determining the occurrence of a release, and the area or population likely to be affected by such a release.
6. A description of emergency equipment and facilities in the community and at each facility in the community subject to the requirements of 42 USC 11001 – 11005, and an identification of the persons responsible for such equipment and facilities.
7. Evacuation plans, including provisions for a precautionary evacuation and alternative traffic routes.
8. Training programs, including schedules for training of local emergency response and medical personnel.
9. Methods and schedules for exercising the emergency plan.

**Review by the State Emergency Response Commission.** After completion of an emergency plan under the guidelines established in 42USC 11003, Subsection c(1) for an emergency planning district, the LEPC 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 LEPC 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 Program** **Off-Site Emergency Response Completion Sheet**

This form is to be completed by the LEPC, and attached to each plan.

|  |  |
| --- | --- |
| **LEPC Name**      | **Date**      |

Does this site contain a SARA Title III Section 302 (42USC 11002) Extremely Hazardous Substance (EHS)?

**Yes** [ ]  or **No** [ ]

|  |  |
| --- | --- |
| If **yes**, please name the EHS(s): |       |
| Facility Name: |       |
| Facilities Physical Address: |       |
| Latitude and Longitude: |       |

**All plans MUST INCLUDE OR REFERENCE information to address each of the following topics**

**Items 1 through 10 MUST BE INCLUDED IN THIS DOCUMENT AND NOT REFERENCED FROM ANOTHER SOURCE**

Fire departments where information is located **MUST** be identified by name.

Check the appropriate box for each item listed below for the location of where the information may be found.

| **Subject areas to be addressed** | **Fire department. must include name of the responsible department** | **Found in EOP/EAG** | **Included in HAZMAT Response Plan** | **Other: Specify EOP/EAG/ HAZMAT plan page number or fire department name** |
| --- | --- | --- | --- | --- |
| **1** | Identifies the facility emergency coordinator and emergency telephone numbers. |  |  | [ ]  |       |
| **2** | Provides an inventory of extremely hazardous substances at the facility. |  |  | [ ]  |       |
| **3** | Includes an inventory of other chemicals. |  |  | [ ]  |       |
| **4** | Identifies route which extremely hazardous substances are transported to and/or from the facility. |  |  | [ ]  |       |
| **5** | Describes the facilities procedures to be followed once a release has been detected. |  |  | [ ]  |       |
| **6** | Includes procedures for a timely notification of a release by the owner/operator to the local emergency management coordinator and government agencies. |  |  | [ ]  |       |
| **7** | Identifies the method used to determine the population likely to be affected by a release and identify the area affected. |  |  | [ ]  |       |
| **8** | 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. |  |  | [ ]  |       |
| **9** | Identifies provisions for evacuation routes, including alternative routes out of the vulnerable zone if evacuation becomes necessary. |  |  | [ ]  |       |
| **10** | Identifies the hazardous materials expertise and emergency response equipment of the FACILITY and identifies how the equipment is maintained. |  |  | [ ]  |       |
| **11** | A statement or procedure on how Mutual Aid will be activated and/or the adjoining LEPC will be contacted if needed. Please include the responding LEPC or first responder’s jurisdiction. | [ ]  | [ ]  | [ ]  |       |
| **12** | A statement or procedure that describes how population protection decisions will be made and implemented for accidental chemical release. | [ ]  | [ ]  | [ ]  |       |
| **13** | A statement or procedure that describes the community’s medical response actions in the event of an accidental chemical release in the community. | [ ]  | [ ]  | [ ]  |       |
| **14** | A list of the known SARA Title III, Section 302 (42 USC 11002) HAZMAT sites in the LEPC’s geographical area of jurisdiction. | [ ]  | [ ]  | [ ]  |       |
| **15** | A list of persons/organizations to contact for assistance (railroads, DEQ, DNR, Drain Commissioners, road commissions, airports, health departments, police/sheriff, etc.). | [ ]  | [ ]  | [ ]  |       |
| **16** | A description of the community’s HAZMAT response procedures and equipment and who maintains the equipment. | [ ]  | [ ]  | [ ]  |       |
| **17** | A description of the community’s HAZMAT responder training schedule. | [ ]  | [ ]  | [ ]  |       |
| **18** | A description of the community’s exercise schedule for HAZMAT sites and the method(s) used for exercising. | [ ]  | [ ]  | [ ]  |       |
| **RECOMMENDED ITEMS:** The following items are **NOT** required to be included. However, their inclusion is **highly** recommended. |
| **1** | Provides a facility location map. | [ ]  | [ ]  | [ ]  |       |
| **2** | Provides a site layout map indicating a chemical’s physical location in the facility. | [ ]  | [ ]  | [ ]  |       |
| **3** | Establishes access control procedures and maps the access control points and traffic rerouting within the vulnerable zone. | [ ]  | [ ]  | [ ]  |       |
| **4** | Provides contact names and phone numbers for populations of concern (schools, hospitals, shopping centers, factories). | [ ]  | [ ]  | [ ]  |       |
| **5** | Identifies shelters in the event an evacuation is needed. | [ ]  | [ ]  | [ ]  |       |
| **6** | Identifies where chemical specific toxicology information can be found. | [ ]  | [ ]  | [ ]  |       |

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**SARA Title III, Off-site Community Emergency Response Plan Template**

This plan template is intended for LEPC use. This template inculdes information that is not required under SARA Title III Required Plan Provisions 42 USC 11003, part C. Please refer to the Plan Submittal Sheet (EMD-076) for the list of required and optional information. This template is intended to establish a baseline plan that may be utilized by any LEPC and is customizable to each LEPCs specific needs. All elements in this template not required under SARA Title III are denoted with “*optional*” after the heading title.

# Quick Reference Table of Contents

**Facility Information**

**Authorizing Signatures *(optional)***

**Dates of Completion, Update, and Exercising**

**EHS Chemical(s) On-Site**

**Other Chemicals of Concern**

**Chemical Specific Toxicological and Response Information**

**Facility Floor Plan/ Schematic *(optional)***

**Facility and Emergency Response Maps (3 pages)**

**Vulnerable Zone Calculation**

**Access Control**

**Evacuation Routes**

**Other Facilities of Concern**

**Mass Sheltering *(optional)***

**Access and Functional Needs Populations *(optional)***

**Other Areas of Concern *(optional)***

**Emergency Release Notification, SARA Title III**

**Notification HAZMAT Incident Notification Message Form**

**County Resources Available**

**Facility Resources Available**

**Mutual Aid Agreements *(optional)***

**HAZMAT Training and Exercising**

**Site Photographs *(optional)***

# Facility Information

Facility Name: 

SARA ID Number: 

Facility Address: 

Township:  Section: 

Fire District: 

Law Enforcement: 

Cross Streets: 

Global Positioning System (GPS) Coordinates:  

Facility 24 Hour Emergency Contact Person: 

Facility 24 Hour Emergency Contact Phone Number: 

Local Emergency Planning Committee (LEPC) Name 

LEPC Contact Number 

Michigan Department of Environmental Quality [PEAS Hotline](http://www.michigan.gov/deq/0%2C1607%2C7-135-3306_3329_3344-8796--%2C00.html) 1-800-292-4706

United States Coast Guard, [National Response Center](http://www.nrc.uscg.mil/) 1-800-424-8802

# Authorizing Signatures *(optional)*

LEPC Chair Person:

Local Emergency Manager:

Responding Fire Department Designated Official:

Facility Emergency Coordinator:

# Dates of Completion, Update, and Exercising

Date created: Click here to enter a date.

Date last modified: Click here to enter a date.

Date plan was last exercised: Click here to enter a date.

**Comments:**

# EHS Chemical(s) On-Site

# EHS chemicals are those found on the Environmental Protection Agencies (EPA) List- of-Lists. The EPA List of Lists may be found [here](http://www2.epa.gov/epcra/consolidated-list-lists).

**Comments:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Chemical Name** | **Container Type** | **Storage Location** | **Months on Hand** | **Maximum Amount in Pounds** | **Largest Container**  | **Emergency Response Guide Number** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

# Other Chemicals of Concern

# Other hazardous chemicals that are on site, in storage and in process, at any time, that are not listed on the EPA’s List of List’s.

**Comments:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Chemical Name** | **Container Type** | **Storage Location** | **Months on Hand** | **Maximum Amount in Pounds** | **Largest Container**  | **Emergency Response Guide Number** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

# Chemical Specific Toxicological and Response Information

Chemical specific toxicological information such as health risks, environmental risks, and general characteristics (vapors, heavier than air, flammable, etc.) is available through [CHEMTREC](https://www.chemtrec.com/) 1-800-424-9300 (for emergencies only). Information on the EHS chemicals in this plan are included on page Click here to enter text.

**Comments:**

# **Facility Floor Plan/ Schematic** *(optional)*

Does this facility utilize a fire suppression system? **Yes** [ ]  or **No** [ ]

Insert map of the facility floor plan or schematichere

**Comments:**



# Facility and Emergency Response Maps (3 pages)

Insert map of the facility with transportation route **of EHS chemical(s) to facility** here

**Comments:**



**Vulnerable Zone Calculations**

Insert map of **the** vulnerable zone, access control points, and evacuation routes here

**Comments:**



**Nearby Facilities of Concern**

Insert map of other nearby facilities of concern here

**Comments:**

****

# Vulnerable Zone Calculation

The vulnerable zone for Click here to enter text. was determined by using ([CAMEO](http://response.restoration.noaa.gov/cameo), [ERG Guidebook](http://phmsa.dot.gov/hazmat/library/erg)). The vulnerable zone has been identified as Click here to enter text. miles in all directions.

After learning the scope of the incident, the Incident Commander should determine what the appropriate evacuation and/or shelter in place distance should be based on size of spill, tank or container size, wind direction, time of day, and atmospheric conditions.

**Comments:**

# Access Control

Access control points will be established at key intersections to prohibit entry into the vulnerable zone. Access control and security will be coordinated be local law enforcement, fire personnel, and emergency management personnel.

**Comments:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Road Name** | **Intersecting Road Name** | **Access Control Point Contact Person(s)** | **Contact Telephone Number** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

#

# Evacuation Routes

Evacuation routes should be pre-established in case the event should expand.

**Comments:**

#

# Other Facilities of Concern

Other facilitates may be nearby and store or manufacture hazardous substances which may be affected by a release from this site. There are Click here to enter text. number of facilities within the vulnerable zone of this site.

# Comments:

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility Name** | **Facility Address** | **Contact Person(s)** | **Contact Telephone Number** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

#

# Access and Functional Needs Populations *(optional)*

The following facilities fall within the vulnerable zone and will be notified if an incident occurs. (Access and Functional Needs populations include: schools, nursing homes, hospitals, churches, day care facilities.)

**Comments:**

|  |  |  |
| --- | --- | --- |
| **Facility Name** | **Facility Contact Person(s)** | **Contact Telephone Number** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

# Other Areas of Concern *(optional)*

Other areas, structures, natural features may be vulnerable to a release at this site. Document any additional areas of concern here.

**Comments:**

|  |  |
| --- | --- |
| **Type of Concern** | **Location** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

**Sheltering Information *(optional)***

In the event mass evacuation is required the following shelter locations have been pre-determined.



# Emergency Release Notification, SARA Title III

Emergency release reporting is required for the release of a reportable quantity of any EHS or a Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) hazardous substance that results in potential exposure to persons outside the site boundaries. Certain information is to be reported without delay to the extent the information is known at the time. A written follow-up report on the release, its effects, and response actions must be sent as soon as is practicable after a release. The Hazardous Material (HAZMAT) Incident Notification Message Form within this section meets the requirements of initial release reporting. This notification format is the same as the Law Enforcement Information Network (LEIN). This form should be used by the facility and government agencies.

**Notify Immediately** **Telephone Number**

**Local Government (Police, Fire, EMS):**  911

**Local Emergency Planning Committee:**  

**State Emergency Response Commission (MMCERCC)**

 **Via** [**MDEQ PEAS Hotline**](http://www.michigan.gov/deq/0%2C1607%2C7-135-3306_3329_3344-8796--%2C00.html)**:** 1-800-292-4706

[**National Response Center**](http://www.nrc.uscg.mil/)**:**  1-800-424-8802

[**Agricultural Spills**](http://www.michigan.gov/mdard/0%2C4610%2C7-125-1572-310812--%2C00.html)**:** 1-800-405-0101

**Other Phone Numbers (railroads, MDEQ, Michigan Department of Natural Resources (MDNR),**

**Drain Commissioner, airports):**









**Comments:**

Notification HAZMAT Incident Notification Message Form **(LEIN: ACCCHEMICAL)**

A more detailed incident notification procedure may be found [here.](http://www.phmsa.dot.gov/pv_obj_cache/pv_obj_id_E48DC74FFC5E921568E9E899FA06C94EA17B4200/filename/reporting_instructions_rev.pdf)

Line 1 - Date: Click here to enter a date. Reporting Time:  hrs.

Line 2 - Reported By: Telephone: 

Line 3 - Time of Incident: Hrs. Initial Report [ ]  Follow-Up [ ]

Line 4 - Incident Description: 

Line 6 - Transportation [ ]  Fixed Site [ ]

Line 7 - Facility or Carrier Involved: 

Line 8 - Facility/Carrier Contact: 

Line 9 - Address of Incident: 

Line 10 - City or Township: 

Line 11 - Spill [ ]  Leak [ ]  Fire [ ]  Explosion [ ]  Other: 

Line 12 - Released into: Air [ ]  Water [ ]  Ground [ ]

Line 13 - Class: Minor [ ]  Alert [ ]  Site Area Emergency [ ]  Community Emergency [ ]

Line 14 - Incident status: Escalating [ ]  Stable [ ]  De-Escalating [ ]  Terminated [ ]

Line 15 - Protective Action Recommendation: In-Place Shelter [ ]  Evacuation [ ]  None [ ]

Line 16 - Protective Action Status: In-Place Shelter [ ]  Evacuation [ ]  None [ ]

Line 17 - Number of Injuries: Number of Deaths: 

Line 18 - Material Name: 

Line 19 - Liquid [ ]  Gas [ ]  Solid [ ]

Line 20 - Extremely Hazardous Substances: Yes [ ]  No [ ]  Unknown [ ]

Line 21 - Amount of Material Released: 

Line 22 - Duration of Release: 

Line 23 - Total Amount Which Could Be Released: 

Line 24 - Other Chemicals or Incompatibles Involved: 

Line 25 - Health risks and Precautions: 

Line 27 - Emergency Medical Treatment Recommended: 

Line 29 - Wind Direction (from):  (i.e. N, NW) Wind Speed:  MPH

Line 30 - Air Temp (F): Clear [ ]  Partly Cloudy [ ]  Overcast [ ]

Line 31 - Area of Release: Rural [ ]  Residential [ ]  Commercial [ ]

Line 32 - Industrial [ ]  Open Water [ ]

Line 33 - Release Impact - Number of Persons Affected: 

Line 34 - Special Populations of Concern: Schools [ ]  Rest Homes [ ]  Hospitals [ ]

Line 35 - Shopping Centers [ ]  Jails [ ]  Other: 

Line 36 - Response Status (list jurisdictions responding: PD, FD, HAZMAT team, etc.): 

Line 38 - Investigating Agency: Telephone: 

Line 39 - Local Fire Department/Police Department [ ]  Facility or Carrier [ ]

Line 40 - Local Emergency Management Coordination [ ]  Local Health Department [ ] Michigan State Police District Coordinator [ ]  Michigan Department of Environmental Quality PEAS Hotline [ ] National Response Center

# Local HAZMAT Resources Available

List HAZMAT resources available at the city/county level to respond to the facility when needed.

**Comments:**

|  |  |  |
| --- | --- | --- |
| **Chemical Emergency Monitoring Equipment** | **Quantity** | **Notes** |
| Weather instrument(s) |       |       |
| PH meters (fixed/portable) |       |       |
| Combustible gas indicator |       |       |
| Colormetric indicator tubes(i.e. Drager Tubes) |       |       |
| Radiation detector |       |       |
| Chlorine kits (A, B, C) |       |       |
| Heat detector (thermal imaging) |       |       |
| Oxygen concentration meter |       |       |
| Other monitoring equipment (i.e. CO Monitors) |       |       |
| **Personal Protective Equipment** | **Quantity** | **Notes** |
| Positive pressure respirator |       |       |
| SCBA |       |       |
| SCBA tanks (Duration) |       |       |
| Mobile cascade |       |       |
| Cascade with compressor |       |       |
| Fully encapsulated suits (type) |       |       |
| Full protective turnout gear |       |       |
| Boots and gloves |       |       |
| Helmets with gloves |       |       |
| **Trained Emergency Response Personnel** | **Quantity** | **Notes** |
| First responder awareness |       |       |
| First responder operations |       |       |
| Specialist/ technician |       |       |
| Incident Commander/ IC System |       |       |
| Other HAZMAT trained [personnel |       |       |
| **Equipment and Supplies** | **Quantity** | **Notes** |
| Foam AFFF |       |       |
| Foam Class A |       |       |
| Sand |       |       |
| Pumper |       |       |
| Ladder truck |       |       |
| Tanker |       |       |
| Rescue Squad |       |       |
| Off-road vehicles |       |       |
| Communications vehicles |       |       |
| Multi-purpose vehicles |       |       |
| Portable radios |       |       |
| Pagers |       |       |

# Facility Resources Available

List resources available at the facility to respond to an event when needed.

**Comments:**

|  |  |  |
| --- | --- | --- |
| **Chemical Emergency Monitoring Equipment** | **Quantity** | **Notes** |
| Weather instrument(s) |       |       |
| PH meters (fixed/portable) |       |       |
| Combustible gas indicator |       |       |
| Colormetric indicator tubes(i.e. Drager Tubes) |       |       |
| Radiation detector |       |       |
| Chlorine kits (A, B, C) |       |       |
| Heat detector (thermal imaging) |       |       |
| Oxygen concentration meter |       |       |
| Other monitoring equipment(i.e. CO Monitors) |       |       |
| **Personal Protective Equipment** | **Quantity** | **Notes** |
| Positive pressure respirator |       |       |
| SCBA |       |       |
| SCBA tanks (Duration) |       |       |
| Mobile cascade |       |       |
| Cascade with compressor |       |       |
| Fully encapsulated suits (type) |       |       |
| Full protective turnout gear |       |       |
| Boots and gloves |       |       |
| Helmets with gloves |       |       |
| **Trained Emergency Response Personnel** | **Quantity** | **Notes** |
| First responder awareness |       |       |
| First responder operations |       |       |
| Specialist/ technician |       |       |
| Incident Commander/ IC System |       |       |
| Other HAZMAT trained [personnel |       |       |
| **Equipment and Supplies** | **Quantity** | **Notes** |
| Foam AFFF |       |       |
| Foam Class A |       |       |
| Sand |       |       |
| Pumper |       |       |
| Ladder truck |       |       |
| Tanker |       |       |
| Rescue Squad |       |       |
| Off-road vehicles |       |       |
| Communications vehicles |       |       |
| Multi-purpose vehicles |       |       |
| Portable radios |       |       |
| Pagers |       |       |

# HAZMAT Training and Exercising

Include a brief description of the city/county first responder HAZMAT training schedule and a description of the community’s exercise schedule for HAZMAT sites. If available, include a description of the community’s HAZMAT responder levels of training including: FRA/FRO/HAZMAT Technician, HAZMAT Specialist.

**Comments:**

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# Mutual Aid Agreements (MAA) *(optional)*

MAA or Memorandum of Understanding (MOU) may be pre-established with neighboring jurisdictions or contractors in the event a hazardous materials incident’s scope exceeds local response capabilities.

**Comments:**

**List any MAA or MOU here:**

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# Site Photographs (*optional)*

**Comments:**

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