

LEPC - EHS Facility Emergency Response Plan CHECKLIST

FACILITY	Plan #	LEPC		AM		KERC	
		Y	N	Y	N	Y	N
ADMINISTRATIVE INFORMATION							
Section 1: General							
1. Are the page numbers in the footer?							
Section 2: Sketch / Facility Map							
1. Is a sketch of the facility and storage areas included?							
2. Is sketch of the facility and storage areas legible?							
3. Does sketch show directional arrow?							
4. Does sketch show location of all EHSs?							
5. Does sketch show facility access road?							
Section 3: Response Point / Staging Area and Alternatives							
1. Is the facility response point (RP) identified, including directions to area?							
2. Is the staging area identified, including directions to area?							
Section 4: Transportation Modes and Routes							
1. Are primary modes and routes of transportation (from the county line to the facility) identified?							
2. Are EHS Supplier's company name, POC info, & phone# identified?							
Section 5: Quadrant Map							
1. Is a Quadrant Map identifying a Vulnerable Zone (VZ) provided?							
2. Is the location of the facility and, if space permits, all special facilities identified on the Quadrant Map?							
3. Is the scale of the Quadrant Map identified?							
4. Is the VZ based on the Worst Credible Release?							
5. Is the radius of the Vulnerable Zone identified on the Quadrant Map?							
6. Is the procedure used to select the radius of the VZ identified?							
7. Is the type and quantity of chemical used to determine the VZ identified?							
8. Is the Quadrant Map divided into four quadrants labeled as A,B,C,D with A in the northeast quadrant with the letters increasing clockwise?							
9. Is the total population for each quadrant listed on the Quadrant Map?							
10. Are the types and quantities of EHS chemicals stored on site the same as last year?							
11. Is the radius of the vulnerable zone the same as last year?							
A. If the radius has changed...							
i. Has a new radius drawing been provided?							
ii. Are changes to affected Special Facilities and associated populations shown on the drawing and/or provided in the Plan?							
3. Are the staging and response points, including alternates, the same as last year?							
A. If a staging and/or response point has changed...							
i. Has a new radius drawing been provided?							
ii. Are changes to affected Special Facilities and associated populations shown on the drawing and/or provided in the Plan?							

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Section 6: Protective Actions							
1. At a minimum, are the protective actions Shelter-In-Place (SIP) and Evacuation of off-site populations discussed?							
2. Are procedures for alerting/warning the public provided?							
3. Are officials who may authorize Exit SIP and reentry of an evacuated area identified?							
Section 7: Emergency Equipment: On Hand / Training / Exercising							
1. Does the plan describe the emergency response equipment available at the facility?							
2. Does the plan describe the emergency response equipment available in the community?							
3. Does the plan describe training level(s) of facility response personnel?							
4. Does the plan describe training level(s) of community response personnel?							
5. Does the plan discuss the facility's exercise program?							
6. Does the plan discuss the community's exercise program?							
7. Does the plan contain a statement of the capability of the area medical facilities to decontaminate and provide care to victims?							
Section 8: Spill Containment/Clean-Up/Disposal							
1. Are procedures provided for containment of released substance?							
2. Are procedures provided for clean-up of released substance?							
3. Does the facility provide released substance disposal procedures?							
4. Does the plan, if required, contain provisions for recycling or the development of an EEC approved disposal plan?							
Section 9: Emergency Notification							
1. Does the plan include procedures to notify ALL organizations identified on the Emergency Notification List Template?							
2. Does the plan include procedures to notify ALL Special Facilities identified within the Vulnerable Zone?							
3. Does the plan include a Special Facility Contact List with facility name, POC info, and phone # for each Special Facility?							
Section 10: GENERAL COMMENTS:							
Section 11: REVIEWED AND APPROVED BY							
Name of County LEPC:				DATE:			
Signature of LEPC Chair:				DATE:			
Signature of KYEM Area Manager:				DATE:			
Signature of KERC Committee Chair:				DATE:			