

COUNTY SARA TITLE III PLAN (TAB Q-7) CHECKLIST

| FACILITY _____ TAB NO. _____ | LEPC | | AM | | KERC | |
|---|------|---|----|---|------|---|
| | Y | N | Y | N | Y | N |
| ADMINISTRATIVE INFORMATION | | | | | | |
| General | | | | | | |
| 1. Are the facility TAB Q and page numbers provided in the center of the footer? | | | | | | |
| 2. Are the county number, change number, and year of change provided on the right side of the footer? | | | | | | |
| Facility Map | | | | | | |
| 1. Is a map of the facility included? | | | | | | |
| 2. Is/are drawing(s) of facility legible, show directional arrow, location of EHS, and access road? | | | | | | |
| Response Point/Staging Area | | | | | | |
| 1. Is the response point (RP) identified? | | | | | | |
| 2. If the staging area is in the vulnerable zone, is an alternate staging area discussed? | | | | | | |
| Transportation Routes | | | | | | |
| 1. Are primary transportation routes from the County line to the facility identified? | | | | | | |
| 2. Are major Suppliers and telephone numbers identified? | | | | | | |
| Protective Actions | | | | | | |
| 1. As a minimum, are the protective actions <u>Shelter-In-Place (SIP)</u> and <u>Evacuation</u> of off-site populations discussed? | | | | | | |
| 2. Are procedures for alerting/warning the public provided? | | | | | | |
| 3. Are officials who may authorize reentry of an evacuated area identified? | | | | | | |
| 4. Does the plan contain a statement of the capability of the area medical facilities to decontaminate and provide care to victims? | | | | | | |
| 5. Is available emergency equipment listed? | | | | | | |
| 6. Is employee training discussed? | | | | | | |
| Emergency Equipment on Hand/Training/Exercising | | | | | | |
| 1. Does the plan discuss an exercise program for the facility? | | | | | | |
| 2. Does the plan discuss an exercise program for the community? | | | | | | |
| 3. Is available emergency equipment listed or referenced? | | | | | | |
| 4. Does the plan describe the training level(s) of community response personnel? | | | | | | |
| 5. Does the plan describe the training level(s) of facility response personnel? | | | | | | |
| Spill Containment/Clean-Up/Disposal | | | | | | |
| 1. Are procedures provided for containment of released substances? | | | | | | |
| 2. Are procedures provided for clean-up of spills? | | | | | | |
| 3. Does the plan contain provisions for recycling or development of E&PPC approved disposal plan, if required? | | | | | | |
| 4. Are appropriate emergency notification numbers listed? NOTE: All numbers may not be needed. | | | | | | |

