

# LEPC - EHS Facility Emergency Response Plan CHECKLIST

FACILITY	Plan #	LEPC				Planning	
		Y	N			Y	N
County _____		New Plan _____		Existing Plan With Technical Change _____			
<b>Section 1: General</b>							
1. Is the plan # provided on the plan?							
2. Is the FEC and Alternate FEC listed along with two contact #s, one of which must be 24-hour?							
3. Has the Lat/Long been verified (decimal format)							
<b>Section 2: Hazardous Chemicals</b>							
1. Are all EHS chemicals from current TIER 2 report listed?							
2. Is the UN ID # verified, if given?							
3. Is the CAS # verified?							
4. Does form, packaged container and max quantity match the current TIER 2 report?							
5. Is a detailed description of each chemical's health hazards given?							
<b>Section 3: Facility Sketch/Map</b>							
1. Is a sketch/map of the facility and EHS storage areas included?							
2. Is the sketch/map of the facility and storage areas legible?							
3. Does the sketch/map show North directional arrow?							
4. Does the sketch/map show locations of all EHS chemicals?							
5. Does the sketch/map show facility access road(s)?							
<b>Section 4: Facility Response Point and Alternate</b>							
1. Is the facility response point identified, including directions to area?							
2. Is the required statement (found in the KERC Emergency Response Planning Guide for EHS Facilities) provided in this section?							
3. Is the alternate facility response point identified or plans for determining alternate location?							
<b>Section 5: Staging Area and Alternate</b>							
1. Is the staging area identified, including directions to area?							
2. Is the alternate staging area identified or plans for determining alternate locations?							
3. Is the staging area and alternate location located outside of the Vulnerable Zone (VZ)?							
<b>Section 6: Transportation Routes and Modes of Transportation</b>							
1. Are primary routes and modes of transportation (from county line to the facility) identified?							
<b>Section 7: EHS Supplier Information</b>							
1. Are EHS suppliers company name, point of contact information and phone # identified?							
<b>Section 8: Worst Credible Release/Vulnerable Zone/Quadrant Map</b>							
1. Is the procedure used to select the worst credible release identified?							
2. Is the VZ based on the worst credible release?							
3. Is the type and quantity of chemical used to determine the VZ identified?							
4. Is a Quadrant Map identifying the VZ provided?							
5. Is the Quadrant Map centered on the facility location?							

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6. Is the scale of the Quadrant Map identified on the map?						
7. Is the radius of the VZ identified on the map?						
8. Is the Quadrant Map divided into four quadrants labeled A, B, C, D with A in the northeast quadrant with the letters increasing clockwise?						
<b>Section 9: Special Facilities Likely To Be Affected</b>						
1. Is each special facility listed out by quadrant?						
2. Is the total population for each quadrant listed?						
3. Does each special facility listed include the facility name, contact person and phone #?						
<b>Section 10: Protective Actions</b>						
1. At a minimum, are the protective actions <b>SHELTER-IN-PLACE (SIP)</b> and <b>EVACUATION</b> of on-site and off-site populations discussed?						
2. Are procedure for alerting/warning the public, all organizations on the Emergency Notification List, and special facilities in VZ provided?						
3. Are officials who may authorize <b>EXIT SIP</b> and reentry of an evacuated area identified?						
<b>Section 11: Emergency Equipment On-Hand / Training / Exercising</b>						
<b>Facility</b>						
1. Does the plan describe the emergency response equipment available at the facility?						
2. Does the plan describe training level(s) of facility response personnel?						
3. Does the plan discuss the facility's exercise program?						
<b>Community Response</b>						
4. Does the plan describe the emergency response equipment available in the community?						
5. Does the plan describe training level(s) of community response personnel?						
6. Does the plan discuss the community's exercise program?						
<b>Section 12: Medical Capabilities</b>						
1. Does the plan provide name and location of the hospital or medical facility that will be used for decontamination of persons exposed to hazardous chemicals?						
2. Does the plan provide a statement of the capability of the hospital or medical facility to provide decontamination and care for patients exposed to chemicals?						
3. If the hospital or medical facility is located in the VZ, is an alternate hospital or medical facility identified?						
<b>Section 13: Spill Containment / Clean-Up / Disposal</b>						
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?						

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<b>Section 14: Emergency Notification</b>						
1. Does the Emergency Notification list have all organizations/persons identified in the plan listed?						
2. Have the contact phone #s been verified as current and correct?						
3. Is the KYEM Area Manager name and current contact # listed?						

<b>Section 15: REVIEWED AND APPROVED BY</b>	
<b>Signature of LEPC Chair:</b>	<b>DATE:</b>
<b>Signature of KERC Planning Committee Chair:</b>	<b>DATE:</b>