

# EMERGENCY ACTION PLAN

## Revision History

Rev. #	Description of Change	Date	Revised By
0	Initial Issue	July 2016	PSM RMP Solutions

## Purpose

This guideline documents the facility's emergency plan. The purpose of the emergency plan is to provide guidance for addressing the actions which should be taken when there is an emergency at the facility.

## Scope

Inland Star Distribution Centers, Inc. is a non-responding facility. As such, this document summarizes how Inland Star Distribution Centers, Inc. will notify outside response agencies in the event of an emergency. Inland Star Distribution Centers, Inc. has established this emergency action plan to address the following emergencies which might occur at the facility:

- (1) Fires and explosions
- (2) Accidental releases of a chemical, including small releases
- (3) Natural disasters such as earthquakes
- (4) Personnel injuries
- (5) Security related issues such as bomb threats

## References

- 1) 19 CCR 2755.7, *California Accidental Release Prevention Program, Incident Investigation.*

## Emergency Action Plan

The emergency action plan contains the following items:

1. Facility description
2. Emergency organization
3. Procedures for incident discovery
4. Emergency evacuation procedures
5. Procedures for external notifications
6. Employee training
7. Drills
8. Procedures for specific emergencies
9. Emergency Response Equipment

Each of these items is discussed in the following sections:

### 1) Facility Description

Facility Name:	Inland Star Distribution Centers, Inc.
Facility Address:	2132 E. Dominguez Street Carson, CA 90810
Phone	310-762-6212
County	Los Angeles
Facility Latitude	33.8381133
Facility Longitude	-118.2320011
NAICS Code	493110

The area surrounding the facility contains:

- (1) North: Heavy Industrial
- (2) East: Heavy Industrial
- (3) South: Heavy Industrial
- (4) West: Heavy Industrial

Inland Star Distribution Centers, Inc. is a non-responding facility. In the event of a chemical release or other emergency, the Fire Department and other responding agencies will be notified to handle the incident.

### 2) Emergency Organization

This section describes the personnel involved in the emergency plan including their roles and responsibilities.

(1) Emergency Plan Contacts

The following personnel should be contacted for further explanation of the procedures contained in this plan:

Name	Title	Cell Phone	Office Phone
Daniel Alvarado	General Manager Operations	310-803-2897	310-762-6212 Ext. 112
Dianne Noguera	Director Customer Service & Compliance	310-704-4278	310-762-6212 Ext. 104
Michael O'Donnell	Sr. Exec. Vice Pres.	949-292-4317	310-762-6212 Ext. 111

(2) Evacuation Coordinators

The Evacuation Coordinators have the following responsibilities:

- Ensure that personnel in their area of responsibility are quickly and safely evacuated to the assembly area(s).
- Conduct a head count at the pre-determine assembly area(s) to ensure that all personnel are accounted for.
- Report the results of the head count to the Fire Department.
- Serve as the primary point of contact between the Fire Department and the personnel in the assembly area.

Name	Title	Cell Phone	Office Phone
Allen Lewis	Coordinator, Warehouse	310-947-5655	310-762-6212 Ext. 103
Dianne Noguera	Director Customer Service & Compliance	310-704-4278	310-762-6212 Ext. 104
Daniel Alvarado	General Manager Operations	310-803-2897	310-762-6212 Ext. 112

(3) Media Contacts

The personnel listed below are the media contacts during an emergency. The media contacts are responsible for all communications issued to the media and to other members of the public, including employee's family members.

Name	Title	Cell Phone	Office Phone
Michael O'Donnell	Sr. Exec. Vice Pres.	949-292-4317	310-762-6212 Ext. 111

### **3) Procedures for Incident Discovery**

If an emergency situation develops at the facility, the discoverer should immediately notify the General Manager Operations.

If the General Manager Operations can't be reached, the discoverer should contact the Coordinator, Warehouse by calling 310-947-5655.

When receiving a verbal report of an emergency, the General Manager Operations will instruct the discoverer to remain on the line until he/she is satisfied that all of the necessary information is received. The following information should be recorded on all emergencies:

- (1) Name, title and location of caller;
- (2) Time of notification and estimated initiation time of emergency;
- (3) Description of emergency including location (i.e., fire, personnel injury, hazardous material release, etc.); and,
- (4) Description of immediate or anticipated impact of emergency.

### **4) Emergency Evacuation Procedures**

The General Manager Operations will ensure that the following actions are taken once they notified:

#### (1) Collect Initial Information Related to the Release or Emergency

The General Manager Operations should attempt to identify the character, exact source, and extent (area) of the release or emergency by interviewing employees from the affected area, consulting with members of the Emergency Team (fire department), and/or examining appropriate emergency alarm panels. The General Manager Operations completes the "Incident Checklist" contained in Attachment A to document the information obtained and any initial actions taken.

If any off-site response personnel, such as representatives from the Fire Department, arrive on-site at any point during the emergency, the General Manager Operations will defer to off-site response personnel and the off-site personnel will assume control of the situation.

#### (2) Determine the Need for a Facility/Area Evacuation or Sheltering-In-Place

The affected area should be evacuated if any of the following conditions is occurring:

- There is a catastrophic chemical release.
- There is a fire or explosion.
- There is a natural disaster.
- The facility personnel feel that personnel could be at risk if they remained inside the facility.

Personnel should be sheltered-in-place if any of the following conditions are occurring:

- In the event a chemical is released outside the building.

Additional reasons to shelter-in-place are:

- There is insufficient time to evacuate the area/facility.
- The chemical leak will be of a short duration.
- Conditions would make an evacuation more risky than sheltering-in-place.

### (3) Initiate an Emergency Evacuation if Warranted

The General Manager Operations will call for an evacuation and direct personnel accordingly to the assembly area. The location of the assembly area is listed below.

Primary Assembly Area: Southeast side of facility entrance at 2132 E. Dominguez St.

Secondary Assembly Area: Southwest side of facility entrance at 2132 E. Dominguez St.

The assembly area may be moved dependent upon wind direction and the location of the emergency. In that event, the General Manager Operations will announce a second evacuation location.

The primary method used to signal an emergency and to initiate an emergency evacuation at the facility is walkie-talkie radio. If the walkie-talkie radio is disabled for any reason, personnel will be notified verbally. In addition, the fire alarm pull stations can be activated upon exiting the building. Activating the pull stations will initiate an audible and visual alarm throughout the warehouse and offices, it would also immediately notify the fire department.

Upon activation of the emergency evacuation system, the following procedures should be followed:

- All personnel, visitors and contractors will immediately assemble at the primary assembly area. In most cases, the primary exit route is the most direct exit from the building. In the event that the primary exit route is close to the source of the emergency, the General Manager Operations will announce a second evacuation location.
- The Transportation Clerk will retrieve the visitor, contractor, and truck sign-in logs (drivers and passengers) located in the driver check-in office so that the visitors and contractors can be properly accounted for during the evacuation.
- In all questions of accountability during an emergency evacuation:
  - The General Manager Operations will be responsible for those persons reporting to them.
  - Visitors will be the responsibility of those employees they are seeing.
  - Facility personnel overseeing contractor work activities will account for any contractor employees onsite.
  - Truck drivers are the responsibility of the Warehouse Coordinator, and or General Manager of Operations.

- All persons will be accounted for by the General Manager Operations via a head count.
- All personnel will remain at the assembly area until given further instructions by the General Manager Operations or their designee.
- The Fire Department may initiate a search and rescue effort to locate any missing personnel. The only persons authorized to conduct search and rescue operations are off-site or external responders.
- Re-entry into the facility will be made only after clearance is given by the General Manager Operations and/or fire department.

#### (4) Initiate a Shelter-In-Place if Warranted

The walkie-talkie radios will be used to initiate a shelter-in-place at the facility. If a shelter-in-place is needed, the following procedures should be followed:

- All personnel, visitors and contractors will immediately assemble in the Lunch Room.
- The General Manager Operations should ensure that all doors and windows are closed and the ventilation system is stopped at the shelter-in-place location(s).
- The emergency evacuation procedures listed in the previous section will be followed to:
  - Perform assigned duties before going to the shelter-in-place location(s).
  - Retrieve the visitor and contractor log book(s).
  - Conduct a head count.
  - Initiate search and rescue efforts if necessary.
- Personnel will remain in the shelter-in-place location(s) unless clearance to leave is given by the General Manager Operations. Alternatively the General Manager Operations may decide to evacuate the facility using the procedures described in the previous section.

#### **5) Procedures for External Notifications**

The General Manager Operations is responsible for ensuring that appropriate corporate contacts, off-site or external responders and applicable government agencies are notified when there is an emergency at the facility. The General Manager Operations may make these external notifications or he/she may delegate another person to make the notifications. The notifications should be made immediately once the character, exact source, and extent (area) of the release or emergency is known. All notifications should be completed within fifteen minutes to ensure that they are made on a timely basis.

The following table contains contact information for outside agencies that should be notified in the event of a chemical release:

Fire Department	Telephone: 911
National Response Center	Telephone: (800) 424-8802
CUPA – Los Angeles County Fire Department	Telephone (323) 890-4109
Cal-OES	Telephone: (800) 852-7550
Cal-OSHA	Telephone: (909) 383-4321

Attachment B contains a script which may be followed when making external notifications.

Typically the following information is included in these notifications:

- (1) The name, title, affiliation, address and telephone number of the person reporting the incident.
- (2) The chemical name, an estimate of the quantity and duration of the substance(s) released, and a brief description of the measures taken to terminate, contain or clean up the release.
- (3) Information on any injuries or other health or off-site effects.
- (4) Weather conditions including wind direction and speed.

Attachment B also contains a table which can be used to document the external notifications. Be sure to record any case numbers provided by government agencies in this table.

The Follow-Up Report Section 304(c), Emergency Notification, of Title III, Emergency Planning and Community Right-to-Know law requires the following written emergency report be submitted as soon as practical after the release and/or spill. The follow-up report must contain the following information:

- Response actions taken.
- Known or anticipated data or chronic health risks associated with the release.
- Medical attention necessary for exposed individuals.
- Follow-up reports will be submitted to the following agencies:

Los Angeles County Fire Department Health Hazardous Materials Division 5825 Rickenbacker Road Commerce, CA 90040 323-890-4109	California Office of Emergency Services State Emergency Response Commission (SERC) Attn: Section 304 Reports Hazardous Materials Unit 3650 Schriever Avenue Mather, CA 95655 1-800-852-7550
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Attachment C contains the California Section 304 "Emergency Release Follow-Up Notice Reporting Form".

## 6) Employee Training

The emergency action plan is reviewed by each employee covered by the plan initially when the plan is developed, whenever the plan is changed, and whenever an employee's responsibilities or designated actions under the plan change. Employees who participate, or are expected to participate, in emergency operations are given training in accordance with the requirements for their level of involvement.

## 7) Drills

The facility performs at least one emergency exercise (drill) each calendar year that meets the following requirements:

(1) The evacuation drill will include all employees, contractors, and visitors.

(2) An assessment of the emergency plan and the adequacy or need for emergency equipment will be conducted after the drill is completed. The form in Attachment D can be used to document the assessment.

The General Manager Operations is responsible for ensuring that emergency exercises or drills are carried out as recommended, and that performance or effectiveness is documented on the assessment form attached

## **8) Procedures for Specific Emergencies**

This attachment contains specific procedures to address the emergencies which might occur at the facility.

### (1) Fires and Explosions

The following procedures are planned actions to fires or explosions that may occur at the facility. These procedures are meant to be guidelines for emergency actions and as such, should be modified as the situation warrants.

- The first person to spot the fire/explosion should also provide the following information when reporting the fire/explosion:
  - Location of fire/explosion.
  - Size of the fire.
  - Number and severity of any injuries.
  - Nature of the fire: electrical, chemical, warehouse, etc.
- The General Manager Operations (or their designee) will typically initiate a facility-wide emergency evacuation once they confirm that a fire or explosion has occurred.
- The General Manager Operations (or their designee) will decide which operations should be shut down to reduce the risk of additional fires, explosions or chemical releases.
- The General Manager Operations (or their designee) will ensure that external notifications are made in a timely manner.
- Since facility personnel are not trained in firefighting activities the Fire Department will be contacted and relied upon for support during any fires or explosions which might occur at the facility. They should be advised of any special hazards such as chemical releases or electrical issues.
- As the off-site response personnel arrive, the Warehouse Coordinator and or the General Manager Operations will direct them to the scene. If necessary, the Police will divert any unnecessary traffic away from the plant to ensure access by the emergency equipment.

### (2) Accidental Releases of a Chemical

The following procedures are planned actions to accidental releases of a chemical that may occur at the facility. These procedures are meant to be guidelines for emergency procedures and as such, should be modified as the situation warrants.



- The first person to detect a chemical release should also provide the following information when reporting the release:
  - Location of the release and areas potentially affected by the release.
  - Estimated amount and duration of release, if known.
  - Cause of incident, if known.
  - Number and severity of any injuries.
- The General Manager Operations will contact the Director of EHS<sup>3</sup>.
- The General Manager Operations (or their designee) will determine the need for a facility/area evacuation or for sheltering-in-place.
- If evacuation or sheltering-in-place is required, the General Manager Operations (or their designee) will determine the location of the command post.
- The General Manager Operations (or their designee) will decide which operations should be shut down to reduce the risk of additional damage.
- The General Manager Operations (or their designee) will ensure that external notifications are made in a timely manner and decide whether off-site response personnel should be contacted for assistance.
- As the off-site response personnel arrive, the guard or General Manager Operations will direct them to the scene. If necessary, the Police will divert any unnecessary traffic away from the plant to ensure access by the emergency equipment.
- The General Manager Operations (or their designee) will implement the Emergency Procedures described in Section 4 and the Incident Checklist in Attachment A as necessary to mitigate a chemical release.
- In the event that an emergency situation could have an impact on the surrounding community, the decision to evacuate the surrounding community will be made by off-site responders. Facility employees are not expected or authorized to order, handle or coordinate off-site evacuations.

### (3) Earthquakes

The following procedures are planned actions for earthquakes that may occur at the facility. These procedures are meant to be guidelines for emergency actions and as such, should be modified as the situation warrants.

- The General Manager Operations (or their designee) will typically initiate a facility-wide emergency evacuation after an earthquake has occurred.
- The General Manager Operations (or their designee) will decide which operations should be shut down to reduce the risk of fires, explosions or chemical releases.
- The General Manager Operations (or their designee) will ensure that external notifications are made in a timely manner.
- If no damage is apparent, maintenance and facility personnel will enter the buildings first to inspect for leaking pipes, damaged electrical lines and structural damage. If damage is present, the facility will be shut down and no other personnel will be allowed to enter until the building is deemed safe. If no damage is identified, the employees will be allowed to return to work.

#### (4) First Aid Procedures

The following procedures are planned actions for injuries that may occur at the facility. These procedures are meant to be guidelines for emergency responses and as such, should be modified as the situation warrants.

- In the event an injury occurs on the facility property, the injured person will be sent to:

For Non-Life Threatening Emergencies:

U.S. Health Works Medical Group

2499 S. Wilmington Ave.

Rancho Dominguez, CA 92002

(310) 637-9611 Hospital/Medical Clinic Name

For Life Threatening Emergencies:

Harbor-UCLA Medical Center

1000 W Carson St.

Torrance, CA 90502

(310) 222-2345

- If an injured person is sent off-site for treatment, the General Manager Operations (or their designee) will ensure that the family of the injured person is notified.

#### (5) Procedures for Bomb Threats

The following procedures are planned actions for bomb threats that may occur at the facility. These procedures are meant to be guidelines for emergency actions and as such, should be modified as the situation warrants.

- The first person receiving the bomb threat should try to keep the caller talking as long as possible and attempt to determine:
  - How many devices are involved?
  - Where they are located.
  - What time the devices are due to explode.
  - The appearance of the bomb.
- The General Manager Operations (or their designee) will determine the need for a facility/area evacuation or for sheltering-in-place.
- The General Manager Operations (or their designee) will decide which operations should be shut down to reduce the risk of fires, explosions or chemical releases.
- The General Manager Operations (or their designee) will ensure that external notifications are made in a timely manner.
- If a bomb is found, personnel should immediately notify the General Manager Operations. Do not touch or disturb the bomb. Police and other experts trained in disposal will perform this action if necessary.

**9) Emergency Response Equipment**

Inland Star Distribution Centers, Inc. does not have any emergency response equipment onsite as the facility is non-responding.

**Attachment A: Incident Checklist for Hazardous Material Release**

## Incident Checklist for Hazardous Material Releases

Date:	Incident Number: <i>(2 digit year &amp; 2 digit sequential #)</i>		
What happened?	Wind Speed:		
	Wind Direction:		
	Outside Air Temperature:		
	Sunlight (Strong/Moderate/Slight):		
	% Cloud Cover:		
	Precipitation Present (Yes/No):		
When did it happen?			
Where did it happen?			
Who reported it?			
<b>For any of the following questions answered "No", list the planned action items below.</b>			
Have any employees been sheltered in place?	Yes	No	Time:
Has the area been evacuated?	Yes	No	Time:
If evacuated, have all employees been accounted for?	Yes	No	Time:
Has company management been notified?	Yes	No	Time:
Has the National Response Center been notified?	Yes	No	Time:
Has the Local Emergency Coordinator been notified?	Yes	No	Time:
Has the State Emergency Response Center been notified?	Yes	No	Time:
Has OSHA been notified?	Yes	No	Time:
Has the Fire Department been notified?	Yes	No	Time:
Has the Police Department been notified?	Yes	No	Time:
Were there any injuries?	Yes	No	
Are there medical personnel at the site?	Yes	No	
What type of chemical has been spilled/released?			
Has the amount spilled/released been calculated?	Yes	No	Amount:
What other types of chemicals are in the area?			
Are there any physical hazards in the area?	Yes	No	
What has been done so far?			
<b>Action Items:</b>			

**Attachment B: Emergency Notification Form**

## Emergency Notification Form

The following script may be followed when making agency notifications.

This is \_\_\_\_\_, at \_\_\_\_\_.  
*(Insert Your Company Name) (Insert Your Address)*

My name is \_\_\_\_\_.  
*(State Your Name)*

I am the \_\_\_\_\_, and my telephone number is \_\_\_\_\_.  
*(Insert Your Position at Facility)*

\_\_\_\_\_  
*(Insert Facility Phone Number and Your Extension Number, If Any)*

I am calling to report a release of \_\_\_\_\_.  
*(Insert Name of Material)*

This leak occurred at \_\_\_\_\_ and \_\_\_\_\_ been contained as of this moment.  
*(Insert Time and Date) Has/Has Not*

**OR**

This leak occurred at \_\_\_\_\_ and is ongoing and is not expected to be \_\_\_\_\_.  
*(Insert Time and Date)*

contained/stopped until \_\_\_\_\_.  
*(Estimate Time Leak Will Be Stopped)*

This is a \_\_\_\_\_:  
*(Choose One Below)*

- **Site Emergency:** Release has occurred and will probably not have an off-site impact.
- **General Emergency:** Release has occurred that will probably have an off-site impact.

The estimated quantity of \_\_\_\_\_ released is \_\_\_\_\_.  
*(Insert Name of Material) (Insert Quantity or Unknown)*

The current weather conditions, as measured at the facility, are a wind speed of \_\_\_\_\_ in \_\_\_\_\_  
*(Insert Speed)*

a direction that is \_\_\_\_\_.  
*(Insert Wind Direction)*

We have \_\_\_\_\_ of injured personnel who \_\_\_\_\_ require medical assistance.  
*(Insert Number)* *(Will/Will Not)*

We \_\_\_\_\_ your assistance at this time to \_\_\_\_\_.  
*(Need/Do Not Need)* *(Describe What You Need)*

Please tell me my case number: \_\_\_\_\_  
*(Write Number Here)*

Do you have any questions?

Name of person making notification: \_\_\_\_\_

Agency	Date Contacted	Time Contacted	Individual Contacted	Case or Report Number
Corporate Contact				
National Response Center				
Local Emergency Planning Coordinator				
State Emergence Response Commission				
OSHA				
Fire Department				
Police Department				
Other: _____				
Comments:				



**Attachment C: Emergency Release Follow-Up Notice Reporting Form**

## Written Reporting of Emergency Releases

The requirements for written reports can be found in the California Code of Regulations - Title 19, Division 2, Chapter 4, Article 2, Section 2705, which states:

- (a) If required to submit a written emergency release follow-up notice pursuant to 42 U.S.C. section 11004(c) (1989), or as that section may be subsequently amended, a business shall prepare the written emergency release follow-up notice using the form specified in subsection (c) of this section.
- (b) A written emergency release follow-up notice prepared pursuant to subsection (a) shall be sent to the Chemical Emergency Planning and Response Commission (CEPRC) at 3650 Schriever Avenue, Mather, CA 95655. This written report shall be sent as soon as practicable following a release, but no later than 30 days from the date of the release.
- (c) The following reporting form (with instructions), the 'Emergency Release Follow-up Notice Reporting Form,' shall be used for filing the written emergency release follow-up notice required by subsection (a) of this section.

EMERGENCY RELEASE FOLLOW - UP NOTICE REPORTING FORM

A	BUSINESS NAME	FACILITY EMERGENCY CONTACT & PHONE NUMBER ( ) -
B	INCIDENT DATE MO DAY YR	TIME NOTIFIED OES CONTROL NO. (use 24 hr time)
C	INCIDENT ADDRESS LOCATION	CITY / COMMUNITY COUNTY ZIP
D	CHEMICAL OR TRADE NAME (print or type) CAS Number	
	CHECK IF CHEMICAL IS LISTED IN 40 CFR 355, APPENDIX A <input type="checkbox"/>	
	CHECK IF RELEASE REQUIRES NOTIFICATION UNDER 42 U.S.C. Section 9603 (a) <input type="checkbox"/>	
	PHYSICAL STATE CONTAINED <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> GAS	PHYSICAL STATE RELEASED <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> GAS
E	ENVIRONMENTAL CONTAMINATION <input type="checkbox"/> AIR <input type="checkbox"/> WATER <input type="checkbox"/> GROUND <input type="checkbox"/> OTHER	
	TIME OF RELEASE	DURATION OF RELEASE — DAYS — HOURS — MINUTES
F	ACTIONS TAKEN	
G	KNOWN OR ANTICIPATED HEALTH EFFECTS (Use the comments section for addition information)	
	<input type="checkbox"/> ACUTE OR IMMEDIATE (explain) _____	
	<input type="checkbox"/> CHRONIC OR DELAYED (explain) _____	
	<input type="checkbox"/> NOTKNOWN (explain) _____	
H	ADVICE REGARDING MEDICAL ATTENTION NECESSARY FOR EXPOSED INDIVIDUALS	
I	COMMENTS (INDICATE SECTION (A - G) AND ITEM WITH COMMENTS OR ADDITIONAL INFORMATION)	
	CERTIFICATION: I certify under penalty of law that I have personally examined and I am familiar with the information submitted and believe the submitted information is true, accurate, and complete.	
	REPORTING FACILITY REPRESENTATIVE (print or type)	
	SIGNATURE OF REPORTING FACILITY REPRESENTATIVE _____	DATE: _____

## EMERGENCY RELEASE FOLLOW-UP NOTICE REPORTING FORM INSTRUCTIONS

### GENERAL INFORMATION:

Chapter 6.95 of Division 20 of the California Health and Safety Code requires that written emergency release follow-up notices prepared pursuant to 42 U.S.C. § 11004, be submitted using this reporting form. Non-permitted releases of reportable quantities of Extremely Hazardous Substances (listed in 40 CFR 355, appendix A) or of chemicals that require release reporting under section 103(a) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 [42 U.S.C. § 9603(a)] must be reported on the form, as soon as practicable, but no later than 30 days, following a release. The written follow-up report is required in addition to the verbal notification.

### BASIC INSTRUCTIONS:

- The form, when filled out, reports follow-up information required by 42 U.S.C § 11004. Ensure that all information requested by the form is provided as completely as possible.
- If the incident involves reportable releases of more than one chemical, prepare one report form for each chemical released.
- If the incident involves a series of separate releases of chemical(s) at different times, the releases should be reported on separate reporting forms.

### SPECIFIC INSTRUCTIONS:

Block A: Enter the name of the business and the name and phone number of a contact person who can provide detailed facility information concerning the release.

Block B: Enter the date of the incident and the time that verbal notification was made to OES. The OES control number is provided to the caller by OES at the time verbal notification is made. Enter this control number in the space provided.

Block C: Provide information pertaining to the location where the release occurred. Include the street address, the city or community, the county and the zip code.

Block D: Provide information concerning the specific chemical that was released. Include the chemical or trade name and the Chemical Abstract Service (CAS) number. Check all categories that apply. Provide best available information on quantity, time and duration of the release.

Block E: Indicate all actions taken to respond to and contain the release as specified in 42 U.S.C. § 11004(c).

Block F: Check the categories that apply to the health effects that occurred or could result from the release. Provide an explanation or description of the effects in the space provided. Use Block

H for additional comments/information if necessary to meet requirements specified in 42 U.S.C. § 11004(c).

Block G: Include information on the type of medical attention required for exposure to the chemical released. Indicate when and how this information was made available to individuals exposed and to medical personnel, if appropriate for the incident, as specified in 42 U.S.C. § 11004(c).

Block H: List any additional pertinent information.

Block I: Print or type the name of the facility representative submitting the report. Include the official signature and the date that the form was prepared.

**MAIL THE COMPLETED REPORT TO:**

**Chemical Emergency Planning and Response Commission (CEPRC) /  
Local Emergency Planning Committee (LEPC)  
Attn: Section 304 Reports  
3650 Schriever Avenue,  
Mather, CA 95655**

**Attachment D: Emergency Plan Assessment Form**

## Emergency Plan Assessment Form

Date Plan Was Implemented: \_\_\_\_\_

Time Plan Was Implemented: \_\_\_\_\_

Reason Plan Was Implemented:

Drill  Chemical Release  Other (Describe) \_\_\_\_\_

Describe the Emergency Scenario:

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Question	Answer	Recommendations and/or Comments
Was the incident quickly identified and reported to appropriate site personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was the area/facility quickly evacuated? To a safe distance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Were all personnel (including contractors and visitors) quickly accounted for?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Were off-site responders quickly notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Were appropriate government agencies (NRC, etc.) contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Were rescue operations properly performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was appropriate medical assistance provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Did the emergency responders quickly mitigate the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Question	Answer	Recommendations and/or Comments
Did response personnel wear appropriate PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was any run-off from the incident contained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was the onsite response well coordinated with off-site responders?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was the area deemed "safe" before non-response personnel re-entered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was the communication equipment adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was the emergency equipment & materials adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Were the power and lighting systems adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Were the human resources adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Were the emergency medical supplies adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Were facility site plans, floor plans, and other drawings adequate and readily available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Any other problems identified during the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	