

**TUSCALOOSA COUNTY
LOCAL EMERGENCY PLANNING COMMITTEE (LEPC)**

FACILITY QUESTIONNAIRE
Date Updated _____

INTRODUCTION

Each facility that has reported an Extremely Hazardous Substance (EHS) in an amount which exceeds its Threshold Planning Quantity (TPQ) as outlined in Section 302 of SARA Title III is being asked to complete this document. The questionnaire should benefit your internal emergency planning and will be the first step in a cooperative planning process involving your facility, the local fire department, and the Local Emergency Planning Committee.

I. FACILITY IDENTIFICATION

A. Facility Name: _____

B. Department/Division where hazardous materials are kept:

C. Street Address:

D. GIS coordinates: Lat _____ Long _____

E. Between cross streets: _____ and _____

F. City: _____ **Zip Code** _____

G. Facility Owner/Mgr: _____ **Office Phone:** _____

H. Facility Emergency Coordinator, Alternate, and Phone Numbers:

1. **Coordinator Name:** _____

Home Phone: _____ Office: _____

24-Hour Phone: _____

2. **Alternate Name:** _____

Home Phone: _____ Office: _____

3. **Alternate Name:** _____

Home Phone: _____ Office: _____

I. Nature of Business: ___ Manufacturing (if so list what type) _____

___ Storage ___ Retail Sales ___ Agriculture

___ Other _____

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II. CHEMICAL INFORMATION (Please add additional pages as needed)

A. EHS Chemical Inventory

CHEMICAL INVENTORY – Extremely Hazardous Substances

CAS #	CHEMICAL NAME	STORAGE LOCATION	METHOD OF STORAGE	AVERAGE AMOUNT (lbs)	MAXIMUM AMOUNT (lbs)	FREQUENCY/METHOD OF SHIPMENT

B. Other Chemical Inventory

CHEMICAL INVENTORY – Other Chemicals of Concern

CAS #	CHEMICAL NAME	STORAGE LOCATION	METHOD OF STORAGE	AVERAGE AMOUNT (lbs)	MAXIMUM AMOUNT (lbs)	FREQUENCY/METHOD OF SHIPMENT

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C. Chemical Location Map

Include a facility map(s) illustrating buildings and chemical locations within the buildings. Facility site maps should show entrance/exits to the buildings, driveways, fire hydrants, secondary containment areas, etc.

D. Transportation Route Map

List and include a map showing the major transportation routes which are used to transport extremely hazardous substances to and/or from your facility.

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III. CHEMICAL RELEASE DETECTION AND PROCEDURES

Describe facility methods for detecting a release and the procedures followed once a release has been detected.

A. Include equipment (automatic sensors, etc.) that has been installed.

B. Include personnel that have this as one of their duties (i.e., security patrols, etc.). Describe the training they have had, their capabilities, 24-hour operations, the procedures they follow, etc.

C. Describe the steps that take place at the facility once a release has been detected. Who is notified? What does this person do? etc.

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IV. EMERGENCY ANALYSIS

Figure a worst-case incident and identify the area that could be affected.

V. OTHER FACILITIES THAT MAY CONTRIBUTE ADDITIONAL RISK

List other facilities nearby which store or manufacture hazardous substances, which may be affected by a release causing the situation to escalate.

Please list if more than one.

A. Name of Facility: _____

B. Address: _____

C. Telephone Number: (_____) _____

D. Facility Emergency Coordinator: _____

E. Distance from primary facility: _____

F. Conditions which may cause additional risk (fire, runoff, incompatible substances):

A. Name of Facility: _____

B. Address: _____

C. Telephone Number: (_____) _____

D. Facility Emergency Coordinator: _____

E. Distance from primary facility: _____

F. Conditions which may cause additional risk (fire, runoff, incompatible substances):

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VI. OTHER AREAS OF CONCERN

List other areas, structures, etc., such as water intakes, storm drains, environmentally sensitive areas, rivers, etc., which could contribute additional risk or be subject to risk due to an incident at this site.

A. Utilities

1. Gas Lines _____
2. Electric _____
3. Water Lines _____
4. Sanitary Sewers _____
5. Storm Sewers _____
6. Water Supply Reservoirs _____
7. Other _____

B. Natural Features

1. Lakes or Streams _____
2. Wetlands _____
3. Other _____

C. Man-made Features

1. Shopping Malls _____
2. Hotels _____
3. Highways or Public Transportation _____
4. Railroads _____
5. Airports _____
6. Schools _____
7. Heath Care Facility _____
8. Hospital _____
9. Places of Assembly (Church, Community Center) _____
10. Other Industries _____
11. Other _____

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VII. RESPONSE PROCEDURES

Describe briefly the procedures the facility will implement in the event of a release.

VIII. NOTIFICATION

A. Describe employee alert and warning procedures.

B. Describe any public alert and warning equipment and procedures available.

C. Describe any ongoing public/employee education process.

IX. OTHER IMPORTANT INFORMATION

Please provide other important emergency information for your site that you feel is important for responders.