



**TUSCALOOSA COUNTY  
LOCAL EMERGENCY PLANNING COMMITTEE  
FACILITY QUESTIONNAIRE**

**REPORTING YEAR:** \_\_\_\_\_

**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 should 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 (LEPC).

**A questionnaire should be submitted for each facility where EHS has been reported. Questionnaires should be submitted to the LEPC by email at: [LEPC@tuscco.com](mailto:LEPC@tuscco.com).**

**Questionnaires should be re-submitted when changes at the facility could affect hazardous materials emergency response needs and/or when requested by the LEPC.**

*DISCLAIMER: The information contained in this questionnaire will be retained electronically by the Tuscaloosa County EMA as the LEPC Focal Point in accordance with LEPC bylaws. This information is restricted to use by the Tuscaloosa County LEPC. Any inquiry regarding the information contained herein should be referred to the owner of record.*

**I. FACILITY INFORMATION**

A. Facility Name

B. Department or Division where hazardous materials are kept

C. Street Address:

D. GIS Coordinates 

Lat:	Long:
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E. Between cross streets

F. Mailing Address:

**G. Facility Emergency Coordinator**

1. Coordinator Name

24 hr phone		Office Phone	
E-mail		Cell Phone	

2. Alternate Name

24 hr phone		Office Phone	
E-mail		Cell Phone	

H. Nature of Business  Manufacturing  Storage  Retail Sales  
 Agriculture  Other(\*)

(\*) If other, describe:

## II. GENERAL EMERGENCY PLANNING INFORMATION

A. Does the facility have a written Emergency Action Plan (i.e. OSHA 1910.38) or Emergency Response Plan (i.e. OSHA 1910.120(l)) for hazardous materials? (Check all that apply) EAP ERP

1. Is there a process in place for reviewing and updating the emergency plans? Yes No

2. How often is the plan reviewed? Annually As Needed Other(\*)

(\*) If other, describe:

3. Last review date:

B. Has the facility shared relevant information about its hazardous materials (SDSs) and emergency plan(s) with the applicable first response agency(ies)? Yes No

1. Date of most recent coordination with response agency(ies)

2. Response agency(ies) Names and Contact Information

C. Has the facility exercised the emergency plan(s) for hazardous materials? Yes No

1. Date of most recent exercise:

2. Did the facility include the applicable responding agency(ies) from Section II.B.2 in the exercise? Yes No

### III. CHEMICAL RELEASE DETECTION AND PROCEDURES

A. Does the facility have the following in place for HAZARDOUS MATERIAL EMERGENCY IDENTIFICATION AND NOTIFICATION:

1. A method for determining a release has occurred? Yes No

➤ Describe the equipment or means used to identify a release: (i.e. automatic detection, fixed sensors, etc.)

2. A process for evaluating potential off-site consequences, including affected area and population? Yes No

3. Emergency notification procedures, including notifications to the public? Yes No

➤ List the order of notification and describe means of notifying (i.e. 911, EMA, etc.)

4. A process for responding to media inquiries during an event? Yes No

**B. Does the facility have the following in place for HAZARDOUS MATERIAL EMERGENCY RESPONSE PROCEDURES:**

1. Written procedures for handling releases on-site? Yes No

➤ Describe procedures for handling on-site releases:

2. Written procedures for handling releases off-site? Yes No

➤ Describe procedures for handling off-site releases

**C. Does the facility have the following in place for TRAINING FOR HAZARDOUS MATERIALS:**

1. Training for employees involved in identifying and/or responding to releases of hazardous materials? Yes No

2. To what level(s) are employees trained to respond to releases of hazardous materials? Check all that apply. (Reference OSHA 1910.120 for HAZWOPER)

<input type="checkbox"/> N/A	<input type="checkbox"/> Awareness	<input type="checkbox"/> Operations
<input type="checkbox"/> Technician	<input type="checkbox"/> Specialist	<input type="checkbox"/> Other(*)

(\*)If other, describe:

**D. Does the facility have the following in place for HAZARDOUS MATERIALS EMERGENCY EQUIPMENT:**

1. Hazmat response equipment and supplies on site?  Yes  No
2. If Yes, can the LEPC follow up regarding use of response equipment/supplies for an emergency not involving the facility?  Yes  No

➤ List types of equipment and supplies, including PPE such as full protective turnout gear and respiratory protection, foam, sand, boom, vehicles, radios/communication EMT, fire bridgade/equipment

3. Industrial mutual aid agreements and/or arrangements with outside response companies for recovery (i.e. for environmental response and cleanup)?  Yes  No

**E. Does the facility have the following in place for PERSONNEL ACCOUNTABILITY IN A HAZARDOUS MATERIALS EMERGENCY:**

1. Evacuation procedures, including labeled assembly points?  Yes  No
2. A written "shelter-in-place" plan?  Yes  No
3. Personnel accountability procedures?  Yes  No

**F. Does the facility have the following in place for HAZARDOUS MATERIALS EMERGENCY WITH INJURIES**

1. Trained personnel / facilities to respond to hazmat-related injuries?  Yes  No
2. Decontamination capabilities at the facility?  Yes  No
3. Coordination with local EMS and/or medical facilities regarding the hazardous materials at the facility?  Yes  No

#### IV. SITE INFORMATION

A. Does the facility have a site map and/or plot plan that identifies the following?

- 1. Hazmat locations Yes No
- 2. Emergency equipment Yes No
- 3. Critical utilities Yes No
- 4. Storm drains / sewers Yes No
- 5. Entrance / exit routes Yes No

B. Is the facility staffed 24/7? Yes No

C. Can first responders access the facility during non-business hours? Yes No

D. Describe any impediments to access and/or security procedures:

E. Are there other areas of concern, which could contribute additional risk to the site?

- 1. Public utilities (gas, power, water, sewers etc.) Yes No

➤ If yes, describe utilities:

2. Natural features (rivers, streams, lakes, etc.) Yes No

➤ If yes, describe natural features:

3. Man Made features (neighborhoods, shopping centers, schools, hospitals, etc.) Yes No

➤ If yes, describe man made features:

4. Nearby site(s) that may contribute additional risk? Yes No

➤ If yes, describe the nearby site(s) (including name of facility, distance from primary site, and any conditions which may cause additional risk):



## V. CHEMICAL HAZARD AND RISK ASSESSMENT

- A. Describe the most credible worst-case scenario for a HAZARDOUS MATERIAL EMERGENCY at the facility, including estimates of release amounts and physical properties of the release (i.e. spill or gas/vapor)

- B. Describe any potential impacts to the surrounding and identify the radius in yards of the area affected, if applicable:

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C. Describe any potential impacts to other features (utilities, environmental, etc.) or sites described in Section IV.E. above:

D. Describe any transportation routes for hazardous materials into and out of the facility that may contribute additional risk other than described above, **including any specific emergency response considerations for a transportation-related emergency.**

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## VI. REQUESTED ATTACHMENTS

A. LEPC requests the following documents, if available, be submitted with this questionnaire.

1. Copy of facility Emergency Response Plan  Included  Not included
2. Copy of facility emergency notification procedures  Included  Not included
3. Copy of site map and/or plot plan  Included  Not included

## VII. ADDITIONAL INFORMATION

A. Person Completing Questionnaire

Name of Person Completing Questionnaire:	
Job Title:	
Organization/ Company:	
Phone Number:	
E-mail:	
Date of Completion of Questionnaire:	

B. Who should LEPC contact for questions about the information provided in this questionnaire?

Person Completing Questionnaire

Facility Emergency Coordinator in Section I.H.1

Other – **Please provide name, phone number, and e-mail:**

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