

Harnett Local Emergency Planning Committee

TIER II EHS Facility Questionnaire

FACILITY RISK ANALYSIS

Part 1. Facility Identification and Points of Contact

Identify your facility(ies) by name, address (or geographical location), and normal business phone number. Complete the chart by identifying (1) a primary and (2) alternate Facility Emergency Coordinator and additional applicable facility officials.

Facility Name	Address	Emergency Coordinator	Alternate Coordinator	Telephone Contact Info

Part 2. Material Safety Data Sheets

Location of Material Safety Data Sheets (MSDS)
Describe Procedure for providing MSDS sheets to the Incident Commander during emergencies:

Part 3. Occupancies Contributing Additional Risk

Identify the type of occupancy and list the name, type and address of additional facilities within ¼-mile radius which may pose additional risk. Indicate broad type of chemical risk* or would be considered a vulnerable facility (schools, day care center, group home, etc. (if known). *Example: other facility with volatile chemicals such as flammable gas.

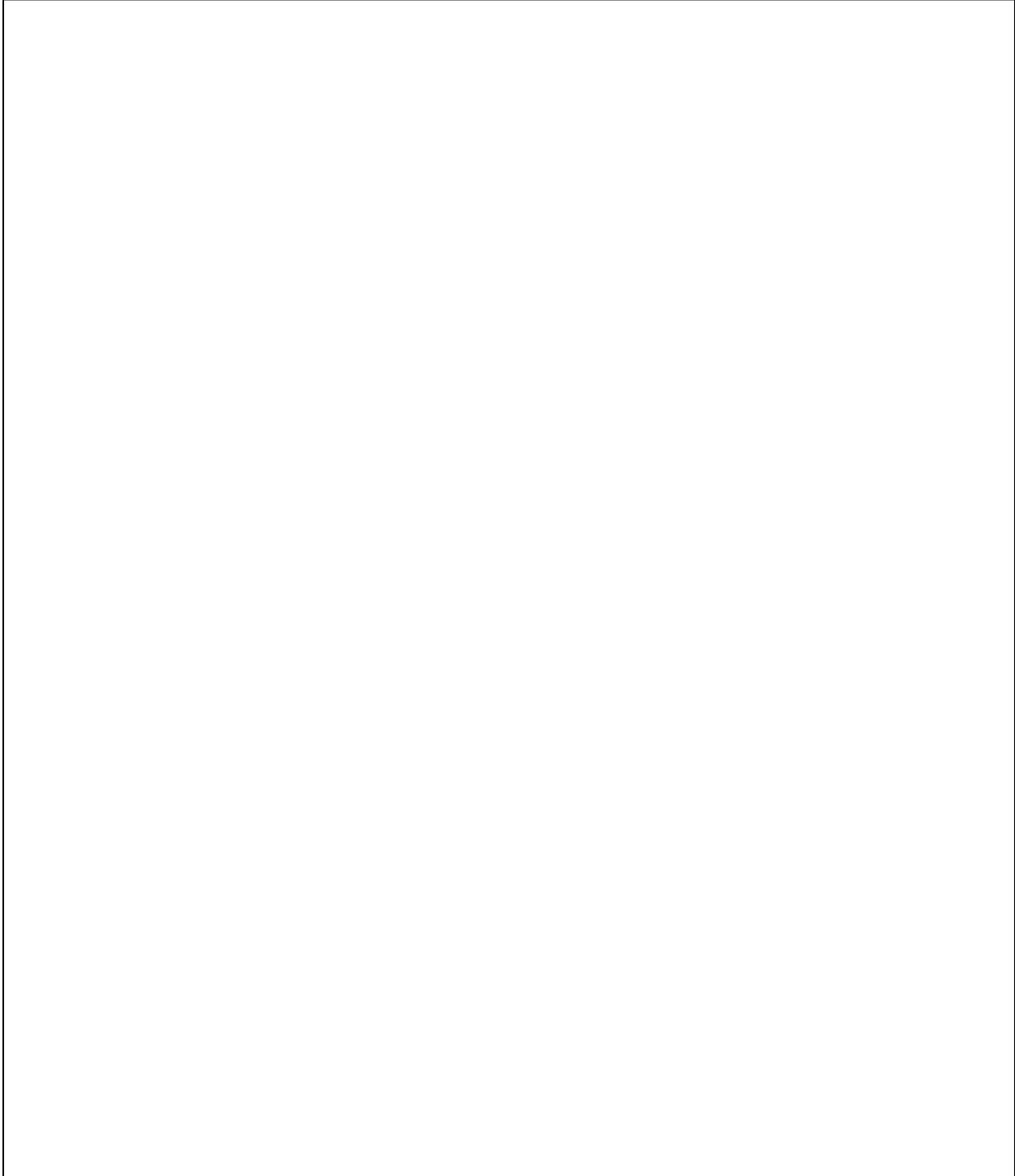
Occupancy Name	Type	Address	Is the occupancy North, South, East, or West of your facility?

(Note: This information supplements data for the Incident Commanders. The Departments use the E-Plan system to determine the population affected, as well as the numbers and types of facilities in the areas where chemicals have been released. Other mapping programs are also used – Envirofacts – EPA, etc.)

Part 4. Facility Emergency Response Equipment

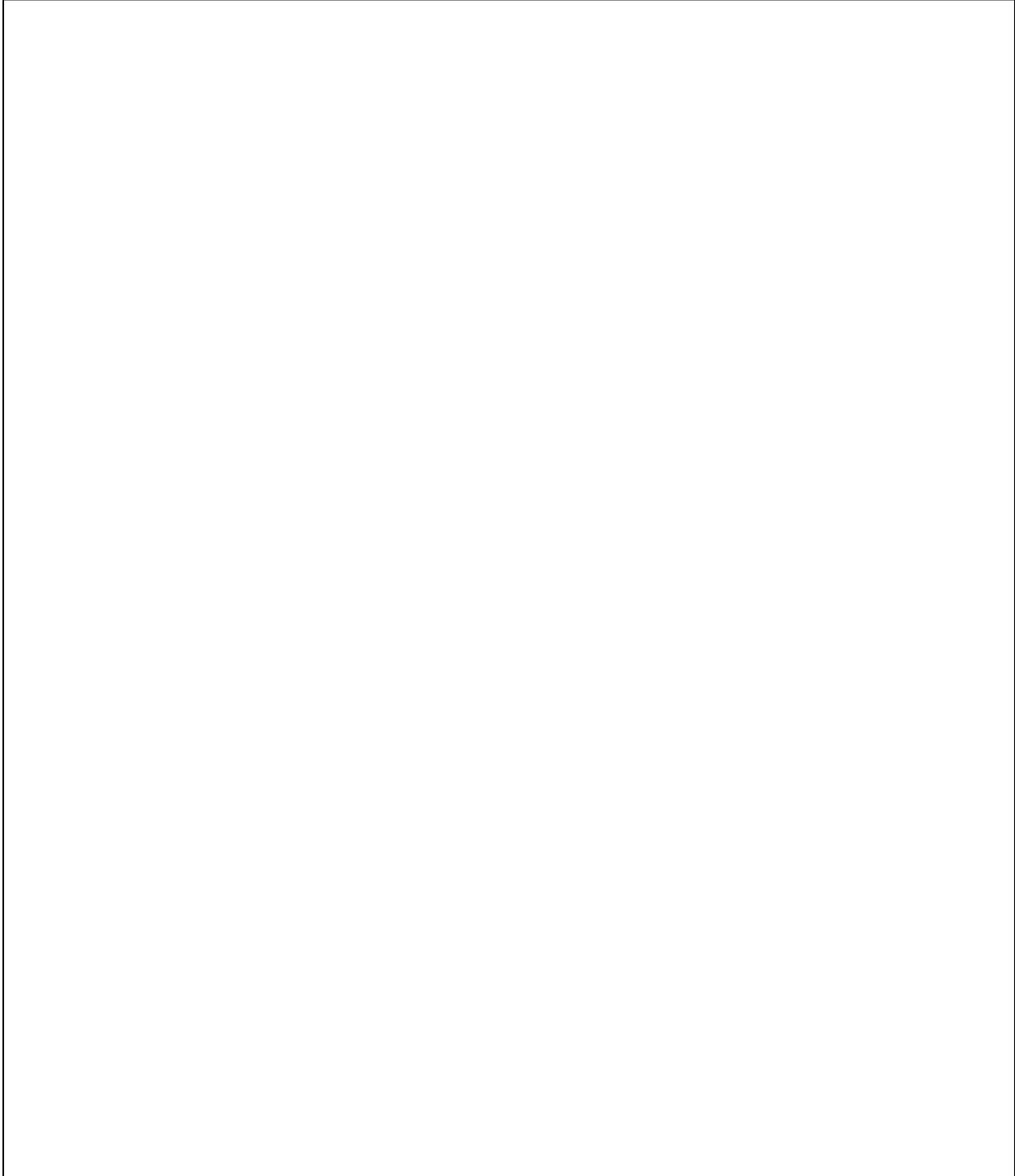
Chemical Alarm Systems - Does the facility have automatic release detection or monitoring system? Refer to Fire Department Pre-plans if available and/or Contingency Plans. Or submit drawings showing locations of these systems to indicate the building, the type of system (monitoring or detecting, local/remote alarm), and the substance being monitored.

Comments:

A large, empty rectangular box with a thin black border, intended for the user to provide comments or additional information regarding the chemical alarm systems.

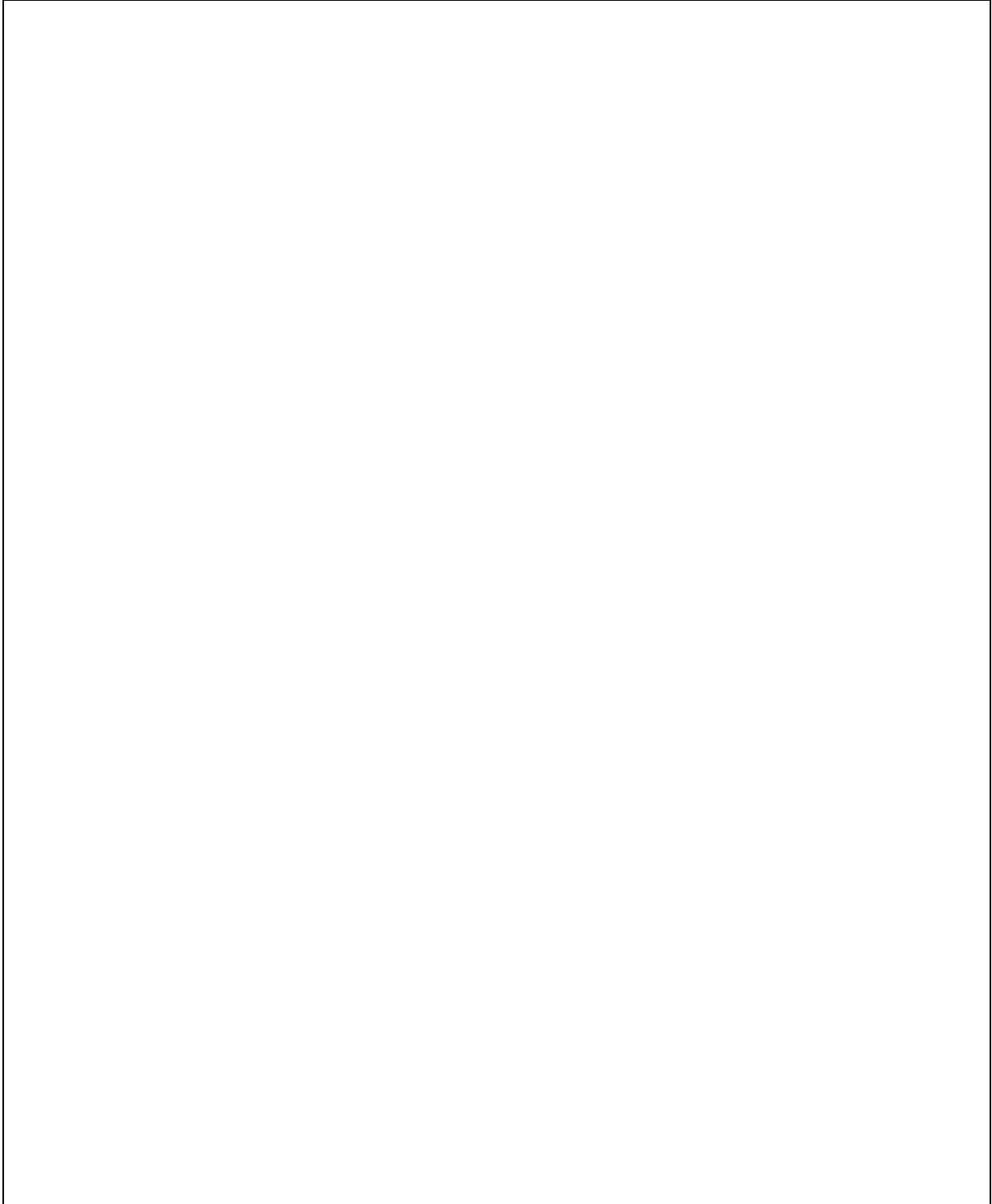
Fire Suppression - Account for the presence or absence of sprinkler systems in each building. Refer to Fire Department Pre-plans if available and/or Contingency Plans. Or submit drawings identifying the location of the control valve particularly in buildings with water reactive chemicals. Describe any other special fire suppression systems (halon, dry chemical, carbon dioxide) that are present or required. Designate the source of water supply that is available for fire suppression activities.

Comments:

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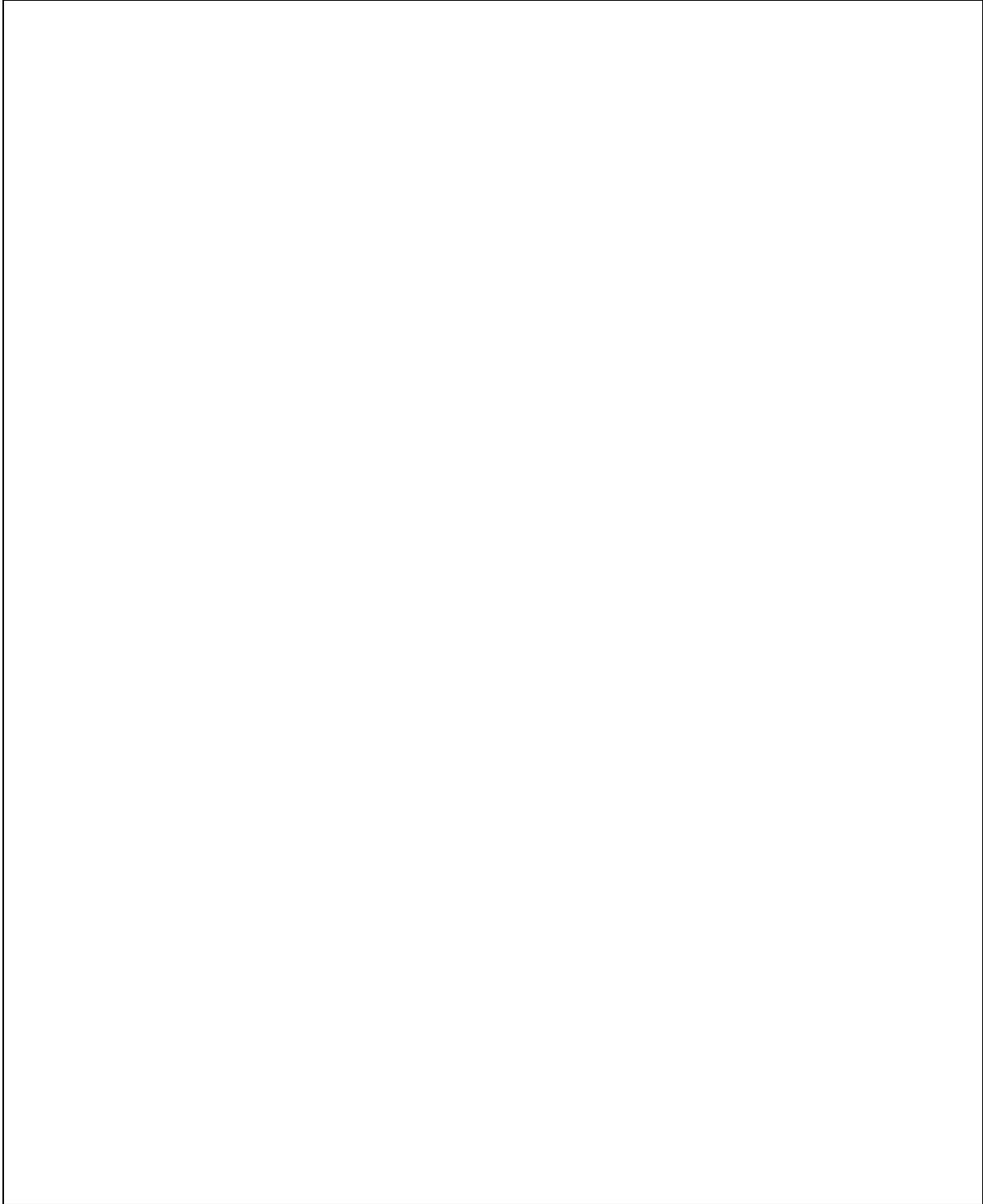
Describe Availability and Location of: Special Extinguishing Agents (Met-L-X, G1, Foam, etc.) - Flammable metals, and flammable and combustible liquids frequently require special fire extinguishing agents. List available supplies by location, type and quantity or include a drawing or map.

Comments:

A large, empty rectangular box with a thin black border, intended for providing comments or additional information related to the fire safety requirements listed above.

Describe the availability of any other special equipment or materials (trucks, dozers, cranes, absorbent, and neutralizers):

Comments:

A large, empty rectangular box with a thin black border, intended for providing comments. It occupies the majority of the page below the 'Comments:' label.

Part 5. Environmental Risk (Check if applicable.)

Building site is located in which watershed?

Storm water plans complete? No Yes

SPCC plans complete? No Yes

Risk management plan complete? No Yes

Additional comments:

Part 6. Transportation Routes for Extremely Hazardous Substances

List or describe most likely transportation routes (highway or rail route) used for **extremely hazardous substance(s)** shipped or received by the facility.

Definitions:

Product: **EHS chemicals only**

Route: Major roads

Transportation Method: Rail or Highway

Product:	Most likely route:	"x" one or both	
		Rail	Highway

Part 7. Expertise Available from Facility

Briefly describe the level of training or special expertise (i.a. SCBA) possessed by facility personnel that will be available to the Incident Commander during incident and maintain list on premises. If the facility has a Hazmat Response Team, use additional sheets to give a more complete description of its capabilities.

Comments:

Part 8. Population Information

Please provide approximate population density for each specific area surrounding the EHS facility. Population numbers can be approximated by adding up the residential buildings in the specific area and multiplying by 2.6 (which is the 2019 statistic for household size).

		Distance from facility				
		0.25	0.5	0.75	1	2
Direction from facility	North					
	East					
	South					
	West					