



# PHASE 1 QUESTIONNAIRE

**Responsible LEPC:**

**Date of Review:**

**Facilitator:**

**Phone:**

**Facility:**

**OSFM Facility ID #:**

**EHS Facility:**  YES  NO

**Mailing Address:**

**Location Address:**

## SUBMITTER INFORMATION

**Contact Name & Title:**

**Phone:**

**Organization:**

**Mailing Address:**

**Questionnaire Completed by:**

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# PHASE 1 INTERFACE QUESTIONNAIRE

## SECTION 1 - FACILITY

**INSTRUCTIONS:** Please check Yes (Y), No (N), or Not Applicable (NA). In all cases, indicate the document and page where issue is documented.

### A. GENERAL INFORMATION

1. Does the facility have a written hazmat contingency plan? (2) Y N NA

a. If yes, is it contained within a single document? Title:

b. If not contained within a single document, list all separate titles:

c. Is there a process in place for plan review and updating? (2) Y N NA

c.1 If so, how often?  Annually  Semi-Annually  As needed  Other:

d. What is the last revision date?

Discussion Notes:

e. Does the facility know who the first responder is? (2,4) Y N NA

e.1 Town / Station #

f. What is their response time?

Documented where?

g. Is there a copy of the plan readily available on site for the first responders? (2) Y N NA

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g.1 If so, where is it located?

g.2 How is it accessed?

Discussion Notes:

h. Has the facility provided a copy to the first responder? (2)

Y N NA

h.1 If yes, to whom?

When?

Documented where?

Discussion Notes:

i. Has the facility discussed the plan with the first responder? (2)

Y N NA

i.1 If yes, are there any un-resolved issues? (Please identify below.)

Y N NA

Discussion Notes:

j. Has the facility and the first responder exercised the plan? (8, 9)

Y N NA

j.1 If so, when?

j.2 If deficiencies were found, have they been corrected?

Y N NA

j.3 If no, briefly describe:

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Discussion Notes:

2. Does the plan include the following?

a. A process for determining the occurrence of a release? (5)

Y N NA

Documented where?

Discussion Notes:

b. A process for evaluating off site consequences? (5)

Y N NA

*(Including the affected area and population)*

Documented where?

c. Emergency notification procedures? (4)

Y N NA

c.1 List the order of notification (e.g. 911, OERS, NRC)

1.

2.

3.

Documented where?

Discussion Notes:

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d. On-site emergency response procedures? (2,6)

Y N NA

Documented where?

Discussion Notes:

e. Off-site emergency response procedures? (2, 7, 5)

Y N NA

Documented where?

Discussion Notes:

f. A training program for employees on incident recognition, as well as notification procedures? (4, 5,8,9)

Y N NA

Documented where?

Discussion Notes:

g. A hazmat training program for personnel including refresher training? (8,9)

Y N NA

Documented where?

Discussion Notes:

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h. A process for exercising the emergency response plan? (9)

Y N NA

Documented where?

i. A requirement for post incident critique and evaluation? (9)

Y N NA

Documented where?

Discussion Notes:

3. Have environmentally approved sites been identified for disposal of hazardous materials? (2, 4)

Y N NA

a. If yes, please describe:

Documented where?

Discussion notes:

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## B. SPECIFIC INFORMATION

4. Does the facility have hazmat response equipment and supplies on-site? (6) Y N NA

a. Specify:

b. Is there a regular maintenance program for emergency equipment? (6) Y N NA

Documented where?

c. Does the facility have neutralization/treatment capabilities to clean up and decontaminate equipment? (6) Y N NA

Documented where?

Discussion Notes:

5. Does the facility have an Emergency Response Team on site? (2, 3, 6, 8) Y N NA

a. If yes, what are the levels of training?

HAZWOPER  Awareness  Operations  Technician  Specialist

Other

Documented where?

b. Are there response team members on site 24/7? (2, 6) Y N NA

c. If not, describe on site capability by day and shift:

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Documented where?

Discussion Notes:

d. Have the type and scope of incidents that the Emergency Response Team can respond to been identified? (2, 6, 8) Y N NA

e. If yes, describe:

Documented where?

Discussion Notes:

6. Can the facility Emergency Response Team respond off-site? (2, 6, 8) Y N NA

Documented where?

7. Does the facility have any industrial mutual aid agreements? (2, 5, 6) Y N NA

a. If so, with whom?

b. For what?

Documented where?



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Discussion Notes:

8. Does the facility have arrangements with outside emergency response companies? (2, 4, 6) Y N NA

a. If so, who?

b. Average response time?

Documented where?

Discussion Notes:

9. Does the facility plan have a process for making the transition from internal response team to first responder? (2, 3, 4) Y N NA

Documented where?

Discussion Notes:

10. Does the facility plan identify who at the facility is responsible for containment used to control or prevent off-site contamination (storm drains, waterways, drainage ditches, etc.)? (2, 3) Y N NA

Documented where?

Discussion Notes:

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11. Does the facility have any confined spaces? (2)

Y N NA

**If yes:**

a. Does the facility plan include protocols for safe entry into confined spaces?

Y N NA

b. Does the facility have a confined space rescue team? (6, 8)

Y N NA

**If no:**

a. Who would respond to a confined space rescue at the facility?

Response Agency:

Documented where?

Discussion Notes:

## C. COMMUNICATION

12. Does the facility have on-site emergency notification capability? (2, 3, 4)

Y N NA

a. If so, describe:

Documented where?

13. Does the facility have off-site emergency notification capability? (3, 4)

Y N NA

a. If so, describe:

Documented where?

# PHASE 1 INTERFACE QUESTIONNAIRE

14. Does the facility have communication equipment for use during an emergency response? (4, 6)

Y N NA

a. Describe:

Documented where?

Discussion Notes:

15. Does the plan address the facility's responsibilities related to Unified Incident Command? (2, 3, 4, 8)

Y N NA

a. If not, explain:

Documented where?

16. Does the facility have copies of MSDS's on-site where they can be readily accessed? (4, 5)

Y N NA

a. Where are they located?

b. How are they accessed?

Documented where?

Discussion Notes:

17. Will someone be available on-site 24/7 to answer hazmat related questions? (3, 5)

Y N NA

a. If yes, what is their level of hazmat training?

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Documented where?

b. If no, will someone off-site be available by telephone? (3, 5)

Y N NA

b.1 Name/Title?

b.2 Where is the contact information listed?

Documented where?

18. Does the facility have an Emergency Coordinator? (3)

Y N NA

Documented where?

Discussion Notes:

19. Does the Emergency Coordinator have the authority to commit necessary resources, i.e. personnel, equipment, financial needs, etc.? (2, 3)

Y N NA

a. If No, who does?

b. Where is the contact information listed?

Documented where?

Discussion Notes:

20. Does the facility have a plan for responding to the media? (2, 4)

Y N NA

Documented where?

21. Does the facility have a media liaison? (2, 4)

Y N NA

a. Name/Title:

b. Where is the contact information listed?

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Discussion Notes:

## D. FACILITY SYSTEMS

22. Have critical systems been identified in the plan? (2) Y N NA

a.  IDLH  Utilities  Process  HVAC

Describe:

Documented where?

b. Have shut down procedures been established for each system? (2) Y N NA

c. Explain how long the shut down takes

Documented where?

Discussion Notes:

d. Have personnel responsible for shut down been identified and listed in the plan? Y N NA

Documented where?

Discussion Notes:

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- e. Does the facility have fire safety or life safety monitoring systems in place? Y N NA
- ii. Fire suppression system? Y N NA
- iii. Low oxygen alarm? Y N NA
- iv. High-level alarms and shut-offs? Y N NA
- v. Other? Y N NA

Documented where?

Discussion Notes:

- f. Are facility maintenance/engineering personnel identified in the plan and available to respond to emergencies? (3, 8) Y N NA

f.1 If yes, what is their level of hazmat response training?

Documented where?

Discussion Notes:

## **E. SITE INFORMATION**

- 23. Does the facility have a site map? (6) Y N NA
  - a. Are utilities identified? Y N NA
  - b. Are fire department equipment connection sites identified? Y N NA
  - c. Are hazmat locations identified? (*Bulk storage /things that don't change*) Y N NA
  - d. Are locations of hazmat emergency response equipment identified? Y N NA
  - e. Are storm drains identified, including discharge points? Y N NA
  - f. Are MSDS location(s) identified? Y N NA

Documented where?

# PHASE 1 INTERFACE QUESTIONNAIRE

24. Are buildings and tanks NFPA 704 placarded? (1, 2, 4, 5) Y N NA

25. Is the facility staffed 24/7? (2, 5) Y N NA

a. Provide typical shift times and approximate number of employees per shift :

**Monday through Friday**

A shift : Times No. of Employees

B shift : Times No. of Employees

C shift : Times No. of Employees

**Saturday**

A shift : Times No. of Employees

B shift : Times No. of Employees

C shift : Times No. of Employees

**Sunday**

A shift : Times No. of Employees

B shift : Times No. of Employees

C shift : Times No. of Employees

26. Can first responders access the facility during non-work hours? (2) Y N NA

a. Protocol:

Documented where?

27. Do first responders have unimpeded access to the site? (2) Y N NA

a. If not, describe impediments:

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Documented where?

Discussion Notes:

## F. EVACUATION

28. Does the facility have an evacuation plan? (2, 7)

Y N NA

Documented where?

a. Does the plan include primary and alternate routes?

Y N NA

Documented where?

b. Does the plan identify assembly points?

Y N NA

Documented where?

c. Does the plan identify evacuation leaders (accountability report)? (7)

Y N NA

Documented where?

Discussion Notes:

d. Does the plan include communication protocol between evacuation leaders and the Incident Commander? (4, 7, 8)

Y N NA

Documented where?

e. Does the plan include a protocol for tracking critical shut down personnel? (2,7)

Y N NA

Documented where?



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Discussion Notes:

29. If evacuation occurs, can the facility provide a liaison to the Incident Commander? (3) Y N NA

Documented where?

Discussion Notes:

30. Are the evacuation routes and assembly points located in areas that do not conflict with the intended command post, equipment staging area, or other response activities? (7) Y N NA

a. Has this been reviewed with the first responders? (2, 8) Y N NA

Documented where?

Discussion Notes:

31. Has the facility assessed the potential risk from external hazmat incidents that may impact the facility (e.g. rail, highway, neighboring facilities)? (5) Y N NA

a. Is there a potential risk? Y N NA

b. If yes, describe:

32. Does the facility have a shelter-in-place plan? (2) Y N NA

a. Can the facility shelter others from the neighboring community? Y N NA

Documented where?

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Discussion Notes:

## G. MEDICAL

33. Does the facility have a medical contingency plan? (2) Y N NA

Documented where?

34. Does the facility have on-site medical facilities/capability? (6) Y N NA

Documented where?

35. Does the facility have on-site EMT's? (6) Y N NA

a. If so, number per shift?

b. Level of training?

Documented where?

Discussion notes:

36. Does the facility have decontamination capability? (6) Y N NA

a. Fixed? Describe: Y N NA

b. Portable? Describe: Y N NA

c. Has the facility determined the limitations of their decontamination capability? Y N NA

c.1 If yes, describe:

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d. Is the first responder aware of the facility's decontamination capability? Y N NA

Documented where?

37. Does the facility know who the off-site medical responders will be Y N NA

(ambulance service)? (6)

a. Primary?

b. Secondary?

Documented where?

Discussion Notes:

38. Has the facility provided your local hospital/medical facility with information about the hazardous materials at the facility? (4) Y N NA

a. Primary hospital:

b. Secondary hospital:

c. Does the primary hospital have decontamination capability? Y N NA

d. Does the secondary hospital have decontamination capability? Y N NA

Documented where?

Discussion notes:

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## SECTION 2 - FIRE DEPARTMENT

***INSTRUCTIONS:*** Please check Yes (Y), No (N), or Not Applicable (NA). In all cases, indicate the document and page where issue is documented.

1. Is the agency the "first in" responder for this facility? (1, 2, 3) Y N NA

a. Response time?

Documented where?

Discussion Notes:

2. Does the agency have a hazmat contingency plan that covers this facility? (2) Y N NA

Documented where?

3. Does the agency have a hazmat training/qualification/certification program in place that meets federal criteria for first responders? (8) Y N NA

Documented where?

4. Has the agency received a current copy of the facility's hazmat contingency plan? (2) Y N NA

a. Date:

Documented where?

5. Has the agency discussed Incident Command protocols with the facility? (2) Y N NA

a. Is the agency's Incident Command System compliant with current NIMS requirements? Y N NA

Discussion Notes:

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6. Is the agency in control of medical response activities? (2, 3, 6) Y N NA
- a. Staging? Y N NA
- b. Decontamination? Y N NA
- c. Destination? Y N NA

Documented where?

Discussion Notes:

7. Are multiple ambulances available? (6) Y N NA
- a. How many?
- b. Response time?

Documented where?

8. Does the plan identify where medical responders would take injured facility personnel? (2) Y N NA
- a. Primary medical facility:
- b. Secondary medical facility:
- c. Does the primary medical facility have decontamination capabilities? (6) Y N NA
- d. Does the secondary medical facility have decontamination capabilities? (6) Y N NA

Documented where?

Discussion Notes:

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9. Is there a process in place for informing the facility where injured have been taken? Y N NA  
(2)

Documented where?

10. Does the agency have a process in place for requesting a Hazmat Team? (2, 3, 6) Y N NA

a. If so, what is the team's response time?

b. Are there set criteria that need to be met to request a Hazmat Team? Y N NA

c. If yes, have you discussed the process and criteria with the Hazmat Team? Y N NA

Documented where?

Discussion Notes:

11. Does the agency have a site map of the facility? (1, 2) Y N NA

a. Are utilities identified? Y N NA

b. Are fire department equipment connection sites identified? Y N NA

c. Are hazmat locations identified? (*Bulk storage /things that don't change*) Y N NA

d. Are locations of hazmat emergency response equipment identified? Y N NA

e. Are storm drains identified, including discharge points? Y N NA

f. Are MSDS location(s) identified? Y N NA

Documented where?

12. Does the agency have procedures in place with utility companies, for assistance in shutoffs during an emergency? (2) Y N NA

Documented where?

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Discussion Notes:

13. Are the agency's planned entrance routes consistent with the facility plans? (2) Y N NA

a. Primary route:

b. Secondary route:

Documented where?

Discussion Notes:

14. Does the agency have a process for notifying the public that a release has occurred? (4) Y N NA

Documented where?

Discussion Notes:

15. Does the agency have additional expectations/needs from the facility? Y N NA

Documented where?

Discussion Notes:

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## NOTES