**FACILITY NAME**

Revised:

[Date Plan Last Revised]

**ADDRESS**

[Purpose of the facility, geographical description of where the facility is located, facility hours of operation, and approximate number of employees on site during operating hours]

Latitude: Longitude:

**24-HOUR ON-SITE CONTACT:**

[Name] Work:

Cell:

Email:

**EMERGENCY COORDINATOR:**

[Name] Work:

Cell:

Email:

**ALTERNATE EMERGENCY COORDINATOR:**

[Name] Work:

Cell:

Email:

**PLAN POINT OF CONTACT:**

[person responsible for addressing inquiries about your plan, including third-party contractors involved in the creation and updating of your plan.]

[Name] Work:

Cell:

Email:

**EXTREMELY HAZARDOUS SUBSTANCE:**

[Include the total amount of each substance in pounds and how it is stored.]

**TRANSPORTATION ROUTES:**

[From the nearest interstate or major truck route that the substances would take to get to your facility.]

**FACILITY MAP:**

[This would include the location of the EHS chemicals at your facility. Map may be attached at the end of the plan.]

**OFF-SITE MAP:**

[This would include the mile(s) radius that you determine to be the worst case of your facility. You may use the [ERG 2020](https://www.phmsa.dot.gov/sites/phmsa.dot.gov/files/2021-01/ERG2020-WEB.pdf) to find this distance. Map may be attached at the end of the plan.]

**INDUSTRIAL NEIGHBOR(S):**

[Any industrial neighbors including phone numbers within the worst-case scenario radius that you determine for your facility.]

Facility Name 000-000-0000

**SPECIAL CONCERNS:**

[Any special concerns (like hospitals, nursing homes, daycare centers, schools, churches, etc.) including phone numbers within the worst-case scenario radius that you determine for your facility.]

Facility Name 000-000-0000

**EMERGENCY EQUIPMENT:**

[Include the quantity if possible.]

**METHODS AND PROCEDURES FOLLOWED BY THE FACILITY IN THE EVENT OF A RELEASE:**

[Include the basic steps that facility members would take if they are trained to contain or clean up releases, as well as if the facility would evacuate or partially evacuate in the event of a release.]

**PROCEDURES PROVIDING RELIABLE, EFFECTIVE AND TIMELY NOTIFICATION IN A RELEASE:**

**(must include the ones listed below and any others your facility uses)**

DEPARTMENT NAME Fire 9-1-1 or 10-DIGIT NUMBER

DEPARTMENT NAME Police 9-1-1 or 10-DIGIT NUMBER

Will County Local Emergency Planning Committee 815.740.0911

Illinois State Emergency Response Commission 800.782.7860

National Response Center 800.424.8802

**METHODS OF DETERMINING A RELEASE:**

[Include how the facility or facility members would determine that a release has occurred at the facility.]

**TRAINING:**

[Include how often each of the trainings are conducted (anually, quarterly, every three years, etc.]

**EVACUATION:**

[Instructions or a map that indicates the routes and assembly areas are acceptable. Indicate accountability procedures for personnel and facility visitors. Map may be attached at the end of the plan.]

**TESTING AND UPDATING PLAN:**

[Include any drills/exercises that the facility conducts and how often they occur.]

**SUMMARY OF CHANGES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Revision Date** | **Revision Description** | **Name of Reviewer** | **Reviewer’s Position** |
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