COMPANY NAME

FACILITY EMERGENCY RESPONSE
CONTINGENCY PLAN

Location
(Address):___________________________________________________

Phone Number:_______________________________________________

Date Document Prepared:_______________________________________
I. Assessments
   A. Chemical Identification
   B. Emergency Response Actions
      1. For Spills
      2. For Fires
      3. For Anti-terrorism

II. Contacts
   A. Local Authorities
      1. Fire Department
      2. Police or Sheriffs Department
      3. EMS Providers
      4. Hospitals
      5. Southwest Florida Local Emergency Planning Committee
   B. Emergency Phone Numbers

III. Emergency Coordinators
   A. List of Coordinators/Alternates
   B. Coordinator Responsibility and Authority
   C. Coordinator Responsibility for Clean-up

IV. Equipment
   Equipment to be used for Control and/or Clean-up
      1. Types of Equipment
      2. Location of Equipment

V. Employee Procedures
   Evacuations Plan
      1. Evacuation Notification
      2. Evacuation Signal
      3. Physical Diagram
      4. Secondary Notification Procedures

VI. Reporting Requirements
   Identification of employees responsible for emergency notification
VII. Contingency Plan Distribution
   A. Fire Department
   B. LEPC
   C. Others

VIII. Training
   A. Notification of an Emergency
   B. Evacuation Procedures
   C. Contingency Plan Implementation

IX. Recovery
   A. Damage Assessment
   B. Follow-up

X. Facility Hazards Analysis

XI. Plan Amendments

XII. Appendices

**Instructions**

This Facility Contingency Plan was prepared by the Southwest Florida Local Emergency Planning Committee, February 2002 to enhance emergency response planning for facilities of the Region. The information in this document is not all-inclusive, but it should assist a facility in developing a thorough and easy-to-read plan.

The name of the facility should be noted on the cover page of the document on the line following the “Company Name”. The plan is quite flexible in that it allows filling in the blank. For those facilities wishing to develop their own contingency plan, the table of contents can be used as a guidance document.

Once the plan is developed, it should be reviewed annually, and revised whenever the need arises. Planning is not an action with an end but rather a continual process to develop procedures for future situations. It is kept alive through training, exercising, and revising.
I. Assessments

A. Information on Chemicals:

Name___________________________________________________________

Quantity________________________________________________________

Location________________________________________________________

Computer Data Base______________________________________________

Name___________________________________________________________

Quantity________________________________________________________

Location________________________________________________________

Computer Data Base______________________________________________

Name___________________________________________________________

Quantity________________________________________________________

Location________________________________________________________

Computer Data Base______________________________________________

Name___________________________________________________________

Quantity________________________________________________________

Location________________________________________________________

Computer Data Base______________________________________________

Name___________________________________________________________

Quantity________________________________________________________

Location________________________________________________________

Computer Data Base______________________________________________
B. Emergency Response Actions:

1. Spills:
   a. Identify chemical hazards_____________________________________
   b. Ensure proper labeling & warning_______________________________
   c. Implement Employee Information Safety/Training Program___________
   d. List all Material Safety Data Sheets (MSDS)_____________________

2. Fires:

   Review existing safeguards (smoke/heat detection devices and commercial warning systems)_________________________________________________

   Are the following appropriate agents available (Yes/No) ___________________
   - Dry Chemicals______________________________________________
   - Fire Extinguishing___________________________________________
   - Adequate Water_____________________________________________
   - Foam_______________________________________________________
   - Breathing Equipment________________________________________
   - Gloves/Boots______________________________________________

3. Anti- Terrorism:

   a. Identify security needs

      Are locks and lockouts adequate (Yes/No)________________________
      Are alarms functional (Yes/No)_________________________________
      Are door lock mechanisms operational (Yes/No)____________________

   b. Develop systems for inventory checks

      Note notification procedures for missing items____________________

   c. Request security checks of problems (Notify Law Enforcement)_______

   d. Conduct periodic inspections of site: Hourly____Daily___Weekly____

   e. Note additional security needed_________________________________

II. Contacts:

A. Local Authorities: Note Local Authorities for training and other assistance

1. Fire Department: ________________________________________________

   Address_________________________________________________________
   Phone Number_____________________________________________________


2. Police or Sheriffs Department: Name ____________________________________________
   Address______________________________________________________________
   Phone Number__________________________________________________________

3. EMS Provider:
   Address______________________________________________________________
   Phone Number__________________________________________________________

4. Hospitals:
   Address______________________________________________________________
   Phone Number__________________________________________________________

5. Southwest Florida (District IX) Local Emergency Planning Committee:
   Address______________________________________________________________
   Phone Number__________________________________________________________

B. Emergency Phone Numbers of Local Authorities:

   Fire Department             911
   EMS                         911
   Police or Sheriffs Department         911
   County Emergency Management  _____________
   CHEMTREC                   1-800-424-9300
   National Response Center   1-800-424-8802
   State Warning Point        1-800-320-0519
   DEP                        _____________
   EPA                        _____________
   Water Management District 1-800-320-0519
   Poison Control             _____________

C. Internal Contacts

   Building Management  _____________
   Building Security    _____________

Χ In Florida, the reporting of a 304 release should be made within 15 Minutes of an incident.
III. Emergency Coordinators:

A. Appoint and note Facility’s Emergency Response Coordinators:

1. Name___________________________ Phone Number ______________________________
   Address____________________________________________________________________
   _______________________________________________________________________

2. Name___________________________ Phone Number ______________________________
   Address____________________________________________________________________
   _______________________________________________________________________

B. Coordinator’s Responsibility and Authority:

   Emergency coordinators have the authority to commit the necessary resources to handle
   an incident during an emergency. At least one coordinator should be on site or on call at
   all times, and can reach the facility on short notice.

C. Coordinator’s Responsibility for Clean-up:

   Immediately after an emergency, the emergency coordinator will ensure the proper
   management of recovered waste, contaminated soil or other debris, and any
   contaminated surface or ground water. The hazardous waste must be manifested to a
   permitted hazardous waste management facility, as required by the State of Florida rules.

IV. Equipment:

List all equipment/resources to be used for mitigating and controlling Incidents:

1. Type of Equipment___________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

2. Location of Equipment_______________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

3. Type of Equipment___________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

4. Location of Equipment_______________________________________________________
   _______________________________________________________________________
V. Employee Procedures:

Employee Evacuation Plan:

1. Describe Employees Notification Procedures_____________________________________
2. Develop Systems for accountability of all Employees_______________________________
3. Construct diagram of property’s layout and evacuation routes________________________
4. Develop Secondary Notification Procedures (Communication)________________________

VI. Reporting Requirements:

Reporting of a spill and/or fire to comply with all state and federal regulations.

Identify Party Responsible for Notification__________________________________________
________________________________________________________________________________

Note Reporting Procedures_______________________________________________________
________________________________________________________________________________

VII. Contingency Plan Distribution:

Have copies of the Contingency Plans been distributed to the following:

Fire Department (Yes/No)______________Date sent_______________________________
Local Emergency Planning Committee (Yes/No)_____Date sent_______________________
List other agencies/operations plan is to be distributed to:____________________________

VIII. Training:

Everyone who works at a business requires some form of protective action training. This could include periodic employee discussion sessions to review procedures, equipment use, government procurement and contracting procedures, or individual roles during an emergency.

A. Notification of an Emergency:

Workers should be trained to make immediate notification of an emergency to prevent a time delay by following the chain of command.

Date trained_____________________________________________________________

B. Evacuation Procedures:

Facility personnel must be trained for evacuation, which includes recognition of the evacuation signal, how to properly evacuate, and the system used to account for personnel after an evacuation is complete.

Date trained_____________________________________________________________
C. Contingency Plan Implementation:

Personnel, according to their job functions, and coordinators must be trained to implement the contingency plan.

Date trained____________________________________________________________

General training for employees should include the following:

- Individual roles and responsibilities
- Information about threats, hazards and protective actions
- Notification, warning and communication procedures
- Emergency response procedures
- Evacuation, shelter and accountability procedures
- Location and use of common emergency equipment
- Emergency shutdown procedures

IX. Recovery:

A. Damage Assessment

1. Identify Clean-up___________________________________________________________
2. Identify Repairs___________________________________________________________
3. Identify Restoration of operations__________________________________________

B. Follow-up:

1. Determine when it is safe for workers to re-enter the area: Date_______________________
2. Ensure proper disposal of discharged substance or contaminated area: Date____________
3. Follow-up with in-house reporting responsibilities: Date compiled____________________
4. Prepare required government reports:
   Date prepared__________________________Sent To__________________________
   Date prepared__________________________Sent To__________________________
   Date prepared__________________________Sent To__________________________

X. Facility Hazards Analysis Identification: (Optional)

A step in the risk analysis process which identifies specific hazards which have the potential for causing damage to life, property, the environment, and the ability of a facility to continue normal operations.

Analyze Facility’s hazards analysis problems________________________________________

<table>
<thead>
<tr>
<th>Flooding</th>
<th>Lightning</th>
<th>Wind</th>
<th>Freeze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hurricane</td>
<td>Fire</td>
<td>Storm</td>
<td>Pest</td>
</tr>
<tr>
<td>Chemical</td>
<td>Terrorist</td>
<td>Tornado</td>
<td>Drought</td>
</tr>
</tbody>
</table>
XI. **Amendments to the Plan:**

Contingency plans are dynamic and should be checked and updated annually. Changes will occur in state and federal regulations as well as in industry practices. These changes will dictate a need to change the contingency plan as well, to keep it current.

Amendments will allow for additions and revisions to keep the plan current.

Date Plan
Amended: __________________________________________________________________________

XII. **Appendices:**

Identify MSDSs on file

Prepare documents containing telephone numbers of all employees

Include appropriate checklists/forms