**CONTINGENCY PLAN**

**Company information**

|  |
| --- |
| **Company name:** |
| **Location address:** |
| **City:** | **State:** | **Zip code:** |
| **Phone:** | **Fax:** | **Email:** |
| **Mailing address:** |
| **City:** | **State:** | **Zip code:** |
| **EPA Identification number:** | **Date (mm/dd/yyyy):** |

**Prepared by:**

|  |  |
| --- | --- |
| **Print name:** | **Title:** |
| **Date (mm/dd/yyyy):** |

**Approved by: (CEO or delegate)**

|  |  |
| --- | --- |
| **Print name:** | **Title:** |
| **Date (mm/dd/yyyy):** |

**Reviewed by emergency coordinators**

|  |  |  |
| --- | --- | --- |
| **Print name:** | **Title:** | **Date** |
| **Primary name:** |  |  |
| **Alternate name:** |  |  |
| **Alternate name:** |  |  |

Emergency coordinator and contacts

List in the order in which they will assume responsibility. While not required, posting this contact list near all telephones in hazardous waste management areas is recommended.

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| --- | --- |
| **Emergency Coordinators** | **Address/Phone numbers** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

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| --- | --- | --- | --- |
| **Emergency Response Team** | **Role** | **Work** | **Home/Cell** |
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| --- | --- | --- |
| **Emergency Responders** | **Telephone #1** | **Telephone #2** |
| Emergency Contractor name |  |  |
| Fire Department |  |  |
| Police Department |  |  |
| Hospital |  |  |
| MN Duty Officer | 1- 651-649-5451 | 1- 800-422-0798 |
| National Response Center |  | 1- 800-424-8802 |

Emergency equipment

|  |
| --- |
| **Fire control** |
| **Type** | **Description** | **Capability** | **Location** |
| Sprinkler system |  |  |  |
| (Other fixed system) |  |  |  |
| Portable extinguishers |  |  |  |
| **Spill control:** |
| **Description** | **Capability** | **Location** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Decontamination** |
| **Description** | **Capability** | **Location** |
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|  |  |  |
| **Alarms/communication** |
| **Type** | **Coverage** | **Activation locations** |
| Fire alarm |  |  |
| Public address |  |  |
| Radios |  |  |
| Telephones |  |  |
| Other |  |  |

Emergency equipment maintenance and inspection

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| --- |
| **Fire control** |
| **Description** | **Certification inspection** | **Periodic inspection** |
| Sprinkler system | (at least annually) |  |
| (Other fixed system) | (at least annually) |  |
| Portable extinguishers | (at least annually) | (at least monthly) |

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| **Spill control** |
| **Description** | **Periodic inspection** |
|  |  |
|  |  |
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| --- |
| **Decontamination** |
| **Description** | **Periodic inspection** |
|  |  |
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| --- |
| **Alarms/communications** |
| **Description** | **Function inspection** | **Inspection type** |
| Fire alarm | (at least annually) |  |
| Public address |  |  |
| Radios |  |  |
| Telephones |  |  |
| Other |  |  |

Emergency response procedures

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emergency** | **Notification** | **Alarm activation criteria** | **Responding personnel** | **Actions** |
| Fire |  |  |  |  |
| Explosion (no fire) |  |  |  |  |
| Hazardous waste spill |  |  |  |  |
| Other |  |  |  |  |

Emergency response procedures – identifying released materials

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| --- | --- | --- |
| **Hazardous waste/material on site** | **Hazards** | **Response measures** |
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Emergency response procedures – Diagram identifying hazardous waste/materials locations

You may combine this diagram with location diagrams for emergency equipment, evacuation routes and access points.

Emergency reporting

Contact local emergency first-responders first. Then report incident to the Minnesota Duty Officer and National Response Center.

|  |  |  |
| --- | --- | --- |
| **MN Duty Officer** | 651-649-5451 (local)* + 1. (TDD)
 | 1-800-422-0798 (greater MN)651-296-2300 (FAX) |
| **National Response Center** | 1-202-267-21801-202-267-4477 (TDD) | 1-800-424-8802 (toll free)1-202-267-1322 (FAX) |

Fill out this information for reference during your report call. Keep a copy to document your report call.

|  |  |
| --- | --- |
| Name of site: |  |
| EPA ID# of site: |  |
| Address of site: |  |
| Date of incident: |  | Time of incident: |  |
| Type of material released: |
| Quantity released (if known): |
| Health/Environmental hazards of the release: |
| Injuries: |
| Date of report call: | Time of report call: |
| Your name: | Your call-back telephone number: |
| Notes: |

Evacuation plan

|  |  |
| --- | --- |
| Evacuation activation criteria: |  |
| Evacuation notification method: |  |
| Evacuation procedures: |  |
| Post-evacuation procedures: |  |

Evacuation Plan – evacuation route diagram

May be combined with location diagrams for hazardous waste/material storage areas and emergency equipment.

Arrangements with local emergency response services

If a local emergency response service refuses to agree to arrangements for services, document the date and method by which you attempted to make arrangements.

|  |  |  |
| --- | --- | --- |
| **Agency/Department** | **Date of agreement** | **Services agreed to be provided** |
| (Law enforcement agency name) |  |  |
| (Fire dept name) |  |  |
| (Ambulance service name) |  |  |
| (Hospital name) |  |  |
| (Emergency response contractor name – if applicable) |  |  |
| (Local government emergency response team – if applicable) |  |  |
| (State government emergency response team – if applicable) |  |  |
| (Other) |  |  |

**[Your name, title]**

**[Company name]**

**[Street address]**

**[City, ST ZIP code]**

**[Date]**

**[Recipient name, title]4**

**[Emergency service name]**

**[Street address]**

**[City, ST ZIP code]**

**RE: Hazardous Waste Generator Emergency Response Arrangements**

Dear [Recipient name]:

The U.S. Environmental Protection Agency and the Minnesota Pollution Control Agency regulations require certain businesses that generate hazardous waste to attempt to arrange with local emergency response personnel to appropriately respond to incidents at their site.

To provide you with reference emergency response information for this site, I am enclosing a copy of the site's Hazardous Waste Contingency Plan.

This Contingency Plan will also document the emergency response arrangements for this site that we agreed to on [DATE]. Please notify me immediately should you need to revise these arrangements.

Sincerely,

Emergency Coordinator