\*This document, when properly completed, meets the requirements of **Arizona Revised Statutes 49-127**. It will be reviewed annually by the facility coordinator. The capability to execute the plan on the request of the Arizona Emergency Response Commission or the Local Emergency Planning Committee can be demonstrated. In preparing this plan, the coordinator has consulted with the local emergency planning committee and other emergency and health professionals to assure maximum coordination with those whose cooperation or services may be required in the event of a reportable release.\*

Facility Name / Site Name:
Address:
City:
County
STATEMENT OF CERTIFICATION
I certify that the information provided herein is accurate and complete and that provisions exist to annually update the Facility Emergency Response Plan and demonstrate the capability to execute the plan on the request of the Commission (ARS 49-127 D).
Annual Review Completed (Month/Year):
Name of Facility Representative (Print):
Title of Facility Representative (Print):
Facility Representative's Signature:
Date Signed (M/D/20XX):
UPON COMPLETION OF THIS PLAN, COPIES CAN BE VIEWED ONLINE BY LEPC'S and FIRE DEPARTMENTS IF THEY HAVE AN ELECTRONIC AGREEMENT.
NOTE: Under (ARS 49-127 D,7) provisions for at least an annual review of the plan and provisions to demonstrate the capability to execute the plan on the request of the commission. With the new "Plans function under the https://tier2.azserc.org web site, outdated Facility Emergency Response Plans (FERPs) can be deleted and new ones updated at the click of a button.
Facility Information:
Name:
Street Address:

	City:
	County:
	State:
	Zip Code:
	(Note: If street address is not available enter physical location, e.g., 1/4 mile south of Smith Highway or Jones Road.)
1.	Facility Location (Place an X next to the one that applies to the facility)
	Is Facility Located On Indian Lands: Yes No
	Name and Address of Indian Nation (if applicable):
	Name of Indian Nation:
	Address of Indian Nation:
2.	Facility Emergency Coordinator:
	Name:
	Title/Position:
	Business Address:
	Business Phone:
	Emergency Phone:
	E-Mail Address:

3.	Alternate Facility Emergency Coordinator:
	Name:
	Title/Position:
	Business Address:
	Business Phone:
	Emergency Phone:
	E-Mail Address:
4.	Fire Department / District Having Jurisdiction (Note: Please confirm before entering).
	Name:
	Address:
	City:
	County:
	State:
	Zip Code:
	Telephone (Other Than 911):
5.	Provide a brief description of the product(s) or service(s) provided at this facility. Include how extremely hazardous substances are used (e.g., Jones Gear, Inc. is a fabricator of precis machined metal components for the aerospace industry. Extremely hazardous substances store on-site are used to treat the surface of metal as it is turned into a final product.)
6.	Days of the week in operation (e.g. Monday through Friday).
7.	Hours of operation (e.g. 8:00 a.m. to 5:00 p.m.).

8. Number of personnel for (include office staff and other support personnel during each shift).

		Day Shift	Swing Shift	Night Shift
9.		zardous materials clean ( ormation when applicable)	up and disposal assistance (che ).	ck one and complete specified
		No pre-arrangements made	e: Yes pre-arran	gements made:
	Со	mpany Name:		
	Те	lephone Number:		
	Ph	ysical Address:		
11.	imı saf	minent or accidental repo	emergency response procedures ortable release of an extremely i, safety, welfare and the enviro	hazardous substance (EHS), to
	Include:			
	A.		ies and levels of training commens onnel involved and actions to be take	
	B.	Identification of emergency medical and law enforcement	$\prime$ units on or in close proximity to the ent.	e facility to include fire, emergency
	C.	and regulatory agencies. A notification, and procedure	ures: on-site personnel and response Address both on-site / off-site alarm as for providing reliable, effective, and	is, sirens/horns etc., for personnel and timely notification by the facility
		emergency coordinator to t	he public that a release has occurred	u.

	D.	Evacuation plans to include routes, assembly areas and personnel accounting procedures.
12.		vide a description of the facility's employee emergency response training and emergency paredness program.
3.	the det	efly describe methods the facility will use to determine 1) the occurrence of a release, and 2) area likely to be affected during a release of an EHS (e.g., computer modeling, chemical ection equipment, emergency personnel surveillance, etc). Include methods used both on/offe, as applicable.
<b> 4</b> .	to/f Ide <i>alte</i>	ntify <i>general</i> transportation routes and methods to transport extremely hazardous substances from the facility, if known. This information will assist in the overall hazard analysis program. Intification of routes on the site map requested in question #20 would be helpful, <i>along with ernative emergency traffic routes to be used in the event of an evacuation or for emergency ponse access.</i>

15.	Describe technical expertise (e.g., chemist, engineer, industrial hygienist, etc.) you would make available to public agencies in the event of an EHS release from your facility.			
	List titles and the type of expertise (names/ phone numbers are not required).			
	If not applicable, check here			
	( <b>Note:</b> This information will assist local emergency agencies. Contact, if required, will be through the Facility Emergency Coordinator).			

16.	Indicate all internal electronic communications systems to be used by facility personnel in an emergency situation.		
	Phone:		
	Intercom:		
	Two-Way Radio:		
	Primary Frequency:		
	Alternate Frequency:		
	Other:		
17.	Please specify the general property use of sites contiguous to your facility.		
	For purposes of this questionnaire, the term "contiguous" means "directly adjacent to and within approximately one-quarter mile of the property line in the indicated direction." It is likely that along one property line there may be multiple uses of the land. Please list all major uses of the land within the definition (i.e., mixed residential/commercial or residential/light industry or apartments/residential or vacant land/residential, etc.).		
	North:		
	South:		
	East:		
	West:		

8.	Indicate the type of operations involving EHS(s). Check all applicable categories.			
	O  Hydraulic Equipment	O Dust Collectors	O ☐ Drying Rooms	
	O ☐ Pickling or Garneting	O ☐ Electro Plating	O  Flow Coaters	
	O	O ☐ Spray Painting	O ☐ Dip Tanks	
	O ☐ Molten Salt Baths	O ☐ Ovens, Process	O ☐ Baler or Shredder	
	O  Fiberglass Operations	O ☐ Welding/Cutting	O Dry Cleaning	
	O ☐ Above Ground Tanks	O ☐ Under-Ground Tanks	O ☐ Cryogenic Gas	
	o ☐ Compressed Gas	O ☐ Liquefied Gas	O  Laboratory Chemical	
	O   Combustible Metal Processi	ng		
	Other:			
9.			t (if any) available for monitoring tible gas analyzers, oxygen meters	

1 and fixed monitoring systems.

<u>ITEM</u>	*TYPE / KIND	GENERAL USE	FIXED OR
			PORTABLE

<sup>\*</sup> See National Incident Management System (NIMS) March 1, 2004

	(Note: Include spill kits, self-coequipment, foam, etc).	ntained breathing a	pparatus (SCBA), abs	sorbent pillows, fire fighting
	EXAMPLE:			
	ITEM e.g. absorbent pillows	<u>!</u>	GENERAL USE solvent spills	TYPICAL QUANTITY ON HAND 5-20 lb bags; 1 case
	<u>ITEM</u>		GENERAL USE	TYPICAL QUANTITY ON HAND
				ON HAND
		1		
21.	Provide a legible site map (8- area of storage, EHS storage to/from the facility, and roady sites or multiple areas may ch requested.	ocations <i>, general (</i> ay entrances to in	description of routes clude street names.	used for deliveries of EHS Large facilities on multiple
	Submitted: YES	NO 🗌		
	Reason For Not Submitting:			

#### HAZARD ANALYSIS WORKSHEET

**Instructions:** Complete a hazard analysis worksheet for each **Extremely Hazardous Substance** on-site at any one time at or above the threshold planning quantity.

Cher	Chemical Name:				
	CAS) Number: Chemical Abstract Service)				
1)	Anticipated chemica	al physical property durir	ng:		
No	rmal Use:	Solid 🗌	Liquid 🗌	Gas 🗌	
Un	planned Release:	Solid	Liquid 🗌	Gas 🗌	
2)				enter the weight percentage or the 0% arsenic or 2-98% sulfuric acid)	
	Mixture Percentage	e (if applicable):			
3)	) Is the temperature of the liquid above <b>ambient temperature</b> Yes ☐ No ☐ on or <b>near boiling temperature</b> Yes ☐ No ☐, if the extremely hazardous substance is stored as a liquid?				
4)	) In general what is the temperature of the Extremely Hazardous Substance?				
5)	) Is there a dike under the container of liquid or molten solid? Yes ☐ No ☐				
6)	) If so, what is the area, in square feet, of the diked area?				
7)	List the largest amo	ount of EHS in a single co	ontainer or vessel or grou	up of interconnected vessels.	
	Pounds				
	interconnected grouweight of the actual	ıp of containers at your fa I EHS.  If the EHS is a lic	cility. Keep in mind that for	ce in the single largest container or or mixtures or solutions use only the ata to pounds may be found on the vendor.	
8)	decrease the risk a		case scenario involving	taken by the facility which could this EHS (e.g., written procedures,	