

# **SITE SPECIFIC CHEMICAL PLAN AND HAZARDOUS MATERIALS MANAGEMENT PLAN**

## **INSTRUCTION MANUAL**

### **FACILITY OPERATORS:**

This planning template has been developed to assist your facility in complying with the planning, prevention, control and mitigation of dangerous conditions created by the presence of hazardous materials required under Title III of the Superfund Amendments and Reauthorization Act (also known as the Emergency Planning and Community Right-to-Know Act [EPCRA] of 1986) and the Hazardous Materials Chapter of the North Carolina Fire Prevention Code, Chapter 27.

The numbers located to the right of the text boxes on the plan correspond to numbers in this instruction booklet. Please forward an electronic copy and paper copy of your completed contingency plan to **(1)** Wake County Emergency Management; ATTN: Hazardous Materials Planner; P. O. Box 550; Raleigh, NC 27602 and **(2)** to the fire code official having jurisdiction over your facility. If you are unsure of your fire district contact 919-856-6694 for assistance.

### **TEXT BOX A1.1**

Verify the longitude and latitude coordinates for the facility and (optional) the coordinates for the most appropriate helicopter-landing site (100x100ft flat area)

### **TEXT BOX A1.2**

Indicate the usual direction of the prevailing winds.

### **TEXT BOX A1.3**

Describe the nature of this facility and provide a brief description of typical activities.

### **TEXT BOX A1.4**

Identify facility's street address.

### **TEXT BOX A1.5**

Identify facility's mailing address. Include attention line for person in charge of the maintenance of this plan.

### **TEXT BOX A 1.6**

Wake County ordinance requires a hazardous materials data storage box for all EHS facilities or where the fire code official deems it necessary. Give verbal directions to your data storage box location. For questions on facility compliance contact Wake County Emergency Management at 919-856-6480.

### **TEXT BOX A1.7**

Some municipalities require key boxes at local facilities for rapid entry. However, it is recommended that if this plan is completed, a data storage box be installed for first responders to have access to this plan. Furthermore, 1.6 may be applicable at your facility. Provide specific directions to your key box location. For questions on facility compliance contact Wake County Emergency Management at 919-856-6480.

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**TEXT BOX A1.8**

Do you have additional Contingency plans for this facility? If so, provide the plan's title and regulatory agency for which the plan is written.

**TEXT BOX A 1.9**

Provide specific directions to your facility. Describe alternative routes if they exist.

**TEXT BOX A1.10**

Is the facility or storage area located within corporate city limits?

Estimate the population of the area within ½ mile of the storage area. Use one of the following categories: less than 500; 500 - 1,000; 1,000 - 10,000; 10,000 - 50,000; or, greater than 50,000

Identify any schools, hospitals, nursing homes, or other institutional facilities within ½ mile of the storage area. Estimate the number of individuals occupying each facility.

Estimate the number of residential dwellings and the number of businesses within ½ mile of the storage area.

**TEXT BOX A1.11**

Indicate the watershed that would be affected by a release.

**TEXT BOX A1.12**

Describe soil type in the area around the facility (available through the soil conservation service).

Describe the slope or grade of the land on which the storage facility is located, and indicate the distances of any community water supply within ¼ mile of this facility.

Identify local streams or bodies of water, which could receive runoff either over land or through the storm drain systems. What is the estimated distance to each stream or body of water?

Describe existing features and plans to contain or control fire water runoff (i.e., berms, dikes, etc.) in the event of a fire. Please indicate by sketch where and how the contaminated runoff could be reasonably contained.

Provide a complete description of the steps taken to prevent flooding of the facility.

**TEXT BOX A1.13**

***THIS TEXT BOX IS ONLY FOR Facilities WHO ARE SUBMITTING THIS PLAN TO FULFILL THEIR NCDA & CS CONTINGENCY PLANS REQUIREMENTS. ALL OTHERS MAY DISREGARD.***

**TEXT BOX A 1.14**

Provide the land use information for immediately adjacent property. NCDA & CS Facilities must complete for .25 of a mile.

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**TEXT BOX A1.15**

Provide any additional information related to the facility that first responders would need to know initially upon arrival.

**TEXT BOX A 2.1**

Provide the 24-hour emergency contact number for this facility.

**TEXT BOX A 2.2**

Provide the names and telephone and/or pager numbers for all facility employees beginning with the employee most responsible for the facility.

**TEXT BOX A 2.3**

Provide the names and telephone and/or pager numbers for additional facility employees who may also need to be notified.

**TEXT BOX A 2.4, A2.5**

Emergency Contact numbers for the facility's reference.

**TEXT BOX A 3.1**

Name and signature of individual responsible for filling out this document.

**Part B**

**TEXT BOX B 1.1**

Name and signature of individual responsible for filling out this document.

**TEXT BOX B 1.2**

Name and Signature of first responder who has reviewed this document and can verify information provided.

**TEXT BOX B 1.3**

This information is critical to fire departments and all emergency responders in initiating the Incident Command System. Consult your local Fire Department.

**TEXT BOX B 1.4**

This information is critical to fire departments and all emergency responders in initiating the Incident Command System. Consult your local Fire Department.

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**TEXT BOX B 1.5**

Provide information as it relates to your facility. If your facility does not have a Fire Brigade, Hazmat ERT, Security officer or any employees first aid training, mark with an N/A

**TEXT BOX B 1.6**

Wake County Emergency Management or your local Fire Department can provide this information.

**TEXT BOX B 1.7**

Wake County Emergency Management or your local Fire Department can provide this information.

**TEXT BOX B 1.8**

This information can be provided by Wake County Emergency Management.

**TEXT BOX B 1.9**

Explains the role of the Emergency Management duty officer.

**TEXT BOX B 1.10**

Explains the role of the fire services duty officer.

**TEXT BOX B 1.11**

Use this text box to provide any additional information that would be of assistance to emergency responders.

**TEXT BOX B 2.1**

Name and title of the Employee Accountability Coordinator. The person that is in charge of ensuring all employees have been evacuated from the building and accounted for.

**TEXT BOX B 2.2**

Describe facility emergency evacuation procedures.

**TEXT BOX B 2.3**

Provide the location of the Facility's on site Emergency Evacuation Assembly Point(s).  
Document the date(s) of facility emergency evacuation training.

**TEXT BOX B2.4**

Provide the location of the Facility's off site Emergency Evacuation Assembly Point(s) (i.e. adjacent property, community center..)

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**TEXT BOX B 3.1**

Indicate the average number of employees per shift. This does not have to be an exact number, but will give the first responders an idea of how many people they may be accounting for.

**TEXT BOX B 3.2**

Describe your facility as requested. Be as specific as possible.

**TEXT BOX B 3.3**

List the highest numbers on any NFPA 704 placards. Contact your local fire department if you need assistance with this.

**TEXT BOX B 3.4**

Describe the fire suppression system in your facility. Contact your local fire department if you need assistance with this.

**TEXT BOX B 4.1**

Information showing that all activities involving the handling of hazardous materials between storage areas and manufacturing processes on-site are conducted in such a manner as to prevent the accidental release of such materials. A summary may be provided and cite other emergency plans if they are already developed.

**TEXT BOX B 4.2**

Control area is defined as spaces within a building which are enclosed and bounded by exterior walls, fire walls, fire barriers and roofs, or a combination thereof, where quantities of hazardous materials not exceeding the maximum allowable quantities per control area are stored, dispensed, used or handled.

Chemical Compatibility and Separation: Information showing procedures, controls, signs or other methods used to insure separation and protection of stored materials from factors which may cause accidental ignition or reaction of ignitable or reactive materials. \*\*Drawing required see figure 6.28 \*\*

**TEXT BOX B 4.3**

Information showing that all activities involving the handling of hazardous waste materials between shipping, storage areas and manufacturing processes on-site are conducted in a manner to prevent the accidental release of such materials.

**TEXT BOX B 4.4**

Information including, but not limited to, the location, type, manufacturer's specifications, and suitability of monitoring methods (if applicable) for each storage facility when required. Indicate your on call resources

Provide the name and telephone number of your designated spill clean-up contractor.

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**TEXT BOX B 4.5**

Indicate the name(s) and telephone number(s) of your employees upon whom you rely for technical assistance.

**TEXT BOX B 4.6**

Document the level(s) and most recent date(s) of hazardous materials training of employees. A training program appropriate to the types and quantities of materials stored or used must be conducted to prepare employees to safely handle hazardous materials on a daily basis and during emergencies.

**TEXT BOX B 4.7**

A training program appropriate to the types and quantities of materials stored or used must be conducted to prepare employees to safely handle hazardous materials on a daily basis and during emergencies

**TEXT BOX B4.8**

Use this text box to place additional information useful to emergency responders.

**TEXT BOX B5.1**

Chemical inventory. You must fill out this form and submit your facility's chemical inventory via the EPlan data reporting system.

**TEXT BOX B5.2**

For EHS chemicals, if the EHS chemicals are present in quantities below their Threshold Planning Quantity (TPQ). OSHA1910.120, EPCRA, NCSBC V5 Ch 22.

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**NOTE: Answer 6.3 - 6.23 for each EHS maintained AT OR ABOVE their Threshold Planning Quantity (TPQ) for any length of time at your facility.**

**TEXT BOX 5.2**

Describe the procedures used by the facility to contain and dispose of spills of 5 gallons or less.

**TEXT BOX 5.3**

Describe the contingency plan for containing and cleaning up these spills.

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**TEXT BOX 5.4**

Indicate all trade names that correspond to the CAS #.

**TEXT BOX 5.5**

Indicate all locations within your facility where this material is stored.

**TEXT BOX 5.6**

Indicate the anticipated impact if this product is released from its container. For example, would it remain contained because of secondary containment, or would it move off-site into the atmosphere or ground water.

**TEXT BOX 5.7**

This information may be the same as requested in text box 1.10 (drainage patterns).

**TEXT BOX 5.8**

Contact your local Fire Department to assist with this information.

**TEXT BOX 5.9**

Describe information as requested.

**TEXT BOX 5.10**

Describe items specific to this chemical.

**TEXT BOX 5.11**

Location and methods by which the product is best contained at your location. This could be a room, a site or an area if the product is stationary. Describe the best containment method to minimize air or ground water contamination.

**TEXT BOX B5.12**

Best location(s) where individuals could be de-contaminated.

**TEXT BOX B5.13**

Mention any foreseeable hazards that might result from an interaction with extreme heat or flames.

**TEXT BOX B5.14**

Describe the procedures used by the facility to contain and dispose of spills less than 5 gallons.

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**TEXT BOX B5.15**

Describe the procedures used by the facility to contain and dispose of spills in excess of 5 gallons.

**TEXT BOX B5.16**

If your facility stores gases, describe the steps taken to detect leaks, notify personnel, and correct the situation.

**TEXT BOX B5.17 THROUGH B5.20**

You may wish to refer to the MSDS for this information.

**TEXT BOX B 5.21**

Location best suited to isolate contaminated individuals before they are de-contaminated.

**TEXT BOX B 5.22**

Location best suited for triage.

**TEXT BOX B 5.23**

Backup medical assistance on site or separate from EMS if applicable.

**TEXT BOX B 5.24**

Your internal technical assistant may provide this information. Contact your Local Emergency Planning Committee for additional information.

**TEXT BOX B 5.25**

List the number or usual range of each of the items listed in the left hand column. Use blank rows to add additional equipment or items that would be helpful in an emergency. **If your facility does not maintain any of this inventory, note with N/A**

**TEXT BOX B 5.26**

**General Site Map:** (Drawn to scale) Immediately adjacent property for .25 miles including drainage, wells, sewers, parking lots, and chemical loading areas. Show North arrow. To scale, locate all fixed outside equipment. Show all fences (perimeter and interior) and all gates. With an arrow, indicate water surface and subsurface drainages. Show access and evacuation routes and approximate distances to (important) buildings. Identify areas of the facility committed to pesticides, combustibles, explosives, chemically reactive materials, etc. Show outline of facility buildings in relation to all residential area, streets, roads, and highways. Indicate any schools, hospitals, airstrips, rail lines, and heliports. Show access and evacuation routes.



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**TEXT BOX B 5.27**

**Facility Use/Storage:** (Drawn to scale) Provide drawings of the use/storage of chemicals, gas lines, low-pressure fuel lines, cutoff valves

**TEXT BOX B 5.28**

**Tank Farm layout:** (Drawn to scale) Identification, emergency equipment, monitoring, waste, and 704M placards Tank sizes, pipes and valves, on and off switches **If your facility does not have a tank farm, mark as such with a N/A**

**TEXT BOX B5.29**

**Control Areas:** (Drawn to scale) Provide flammable storage rooms, fire protection, emergency signage, emergency equipment, separation of chemicals, control areas marked, isolation and mitigation devices

**TEXT BOX B5.30**

**Site runoff Control:** (Drawn to scale) Sketch drainage at and from site. Show all nearby ditches, underground drains, creeks, rivers, etc. Also include major topographic features, private or community water supplies, emergency and non-emergency water supply lines and outlets (hydrants), sewer lines, etc. Use arrows to indicate drainage direction. Use symbols in legend attached. Show North arrow.

**TEXT BOX B6.1**

Place additional response information that could be helpful to first responders.

Wake County Spill / Release Notification Form

This information is required by Section 304 of the Emergency Planning and Community Right-to-Know Act of 1986 (EPCRA) for the release of extremely hazardous substances. This form is not required for substances not covered by Section 304. If you have any questions, please consult Wake County Emergency Management at (919) 856-6480. You may have additional agency notifications not listed on the subsequent page.

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