

# City of Auburn Hills

## Emergency Hazmat Response Plan

\_\_\_\_\_  
Site Name

\_\_\_\_\_  
Site Address

\_\_\_\_\_  
Prepared By (name of preparer)

\_\_\_\_\_  
Date

Information inside this box to be completed by Fire Dept:

This plan has been reviewed for community response to a hazardous material incident at this site and is consistent with and supplemental to the Auburn Hills Emergency Operations Plan.

\_\_\_\_\_  
LEPC Chairperson

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Auburn Hills Fire Chief

\_\_\_\_\_  
Telephone

CHECK ALL THAT APPLY:

- This plan has been developed for SARA Title III Off-Site Response purposes
- This plan has been developed for Michigan Firefighter Right-to-Know purposes
- This plan has been developed for MIOSHA HAZWOPER purposes

THIS PLAN IS INCLUDED IN THE AUBURN HILLS EMERGENCY OPERATIONS PLAN AND IS COORDINATED WITH IT PER NIMS COMPLINACY REQUIREMENTS.

\_\_\_\_\_  
Emergency Management Coordinator

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

**SITE INFORMATION:**

Facility 302 Site ID Number: \_\_\_\_\_

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Nearest Crossroads: \_\_\_\_\_

SITE GPS COORDINATES: \_\_\_\_\_

Facility Emergency Coordinator: \_\_\_\_\_

24 hour phone: \_\_\_\_\_

Additional Contact Person: \_\_\_\_\_

24 hour phone: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

24 hour phone: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

24 hour phone: \_\_\_\_\_

EMERGENCY SPILL CLEANUP COMPANY: \_\_\_\_\_

24 hour phone: \_\_\_\_\_

**SITE RESOURCES AND PROCEDURES:**

NOTE: Information requested in this section must be provided in this plan. Information can be attached in separate documents if necessary, but attachments should be noted below.

This site has the following equipment and trained personnel available to contain a release:

Site Response Equipment Maintained by: \_\_\_\_\_

Chemical Information (MSDS) Location: \_\_\_\_\_

Site Response Procedures:

Routes Normally Used To Transport EHS Materials:

Affected Facilities (nearby facilities with special populations):

Nearby Facilities that may contribute Risk:

Describe Method used to determine Vulnerable Zone:

**Vulnerable Zone Map:** Attach a vulnerable zone map that can be used to identify transportation, primary evacuation/alternate evacuation routes, special populations, etc. Please label map.

**Site Map:** (Firefighter Right-to-Know requirement): Attach a map of the site and indicate the following:

- All utility shutoff locations
- Locations of exterior hazardous materials storage and any associated emergency shutoffs. Indicate which chemicals are stored in each location
- Location of the Fire Department Knox box
- Location of the Fire Department Connection

**Building Floor Plan:** Attach a floor plan of the building and indicate the following:

- All interior utility shutoff locations
- Locations of hazardous materials storage and any associated emergency shutoffs. Indicate which chemicals are stored in each location/area.
- Location of the fire alarm panel, and any annunciator panels
- Location of the fire sprinkler riser

**EHS CHEMICALS ON SITE (attach additional pages if necessary):**

Product Name: \_\_\_\_\_

EHS Chemical Name: \_\_\_\_\_

CAS#: \_\_\_\_\_

Storage Method: \_\_\_\_\_

Average Amount On Site: \_\_\_\_\_

Maximum Amount On site: \_\_\_\_\_

Months (by name) Maximum Amount is On Site:

\_\_\_\_\_

Initial Evacuation Zone: \_\_\_\_\_

Primary Hazard to Response Personnel: \_\_\_\_\_

Response Precautions/Suggested PPE:

\_\_\_\_\_

Product Name: \_\_\_\_\_

EHS Chemical Name: \_\_\_\_\_

CAS#: \_\_\_\_\_

Storage Method: \_\_\_\_\_

Average Amount On Site: \_\_\_\_\_

Maximum Amount On site: \_\_\_\_\_

Months (by name) Maximum Amount is On Site:

\_\_\_\_\_

Initial Evacuation Zone: \_\_\_\_\_

Primary Hazard to Response Personnel: \_\_\_\_\_

Response Precautions/Suggested PPE:

Product Name: \_\_\_\_\_

EHS Chemical Name: \_\_\_\_\_

CAS#: \_\_\_\_\_

Storage Method: \_\_\_\_\_

Average Amount On Site: \_\_\_\_\_

Maximum Amount On site: \_\_\_\_\_

Months (by name) Maximum Amount is On Site:

\_\_\_\_\_

Initial Evacuation Zone: \_\_\_\_\_

Primary Hazard to Response Personnel: \_\_\_\_\_

Response Precautions/Suggested PPE:

\_\_\_\_\_

Product Name: \_\_\_\_\_

EHS Chemical Name: \_\_\_\_\_

CAS#: \_\_\_\_\_

Storage Method: \_\_\_\_\_

Average Amount On Site: \_\_\_\_\_

Maximum Amount On site: \_\_\_\_\_

Months (by name) Maximum Amount is On Site:

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Initial Evacuation Zone: \_\_\_\_\_

Primary Hazard to Response Personnel: \_\_\_\_\_

Response Precautions/Suggested PPE:

Product Name: \_\_\_\_\_

EHS Chemical Name: \_\_\_\_\_

CAS#: \_\_\_\_\_

Storage Method: \_\_\_\_\_

Average Amount On Site: \_\_\_\_\_

Maximum Amount On site: \_\_\_\_\_

Months (by name) Maximum Amount is On Site:

\_\_\_\_\_

Initial Evacuation Zone: \_\_\_\_\_

Primary Hazard to Response Personnel: \_\_\_\_\_

Response Precautions/Suggested PPE:

\_\_\_\_\_

Product Name: \_\_\_\_\_

EHS Chemical Name: \_\_\_\_\_

CAS#: \_\_\_\_\_

Storage Method: \_\_\_\_\_

Average Amount On Site: \_\_\_\_\_

Maximum Amount On site: \_\_\_\_\_

Months (by name) Maximum Amount is On Site:

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Initial Evacuation Zone: \_\_\_\_\_

Primary Hazard to Response Personnel: \_\_\_\_\_

Response Precautions/Suggested PPE:

Product Name: \_\_\_\_\_

EHS Chemical Name: \_\_\_\_\_

CAS#: \_\_\_\_\_

Storage Method: \_\_\_\_\_

Average Amount On Site: \_\_\_\_\_

Maximum Amount On site: \_\_\_\_\_

Months (by name) Maximum Amount is On Site:

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Initial Evacuation Zone: \_\_\_\_\_

Primary Hazard to Response Personnel: \_\_\_\_\_

Response Precautions/Suggested PPE:

\_\_\_\_\_

Product Name: \_\_\_\_\_

EHS Chemical Name: \_\_\_\_\_

CAS#: \_\_\_\_\_

Storage Method: \_\_\_\_\_

Average Amount On Site: \_\_\_\_\_

Maximum Amount On site: \_\_\_\_\_

Months (by name) Maximum Amount is On Site:

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Initial Evacuation Zone: \_\_\_\_\_

Primary Hazard to Response Personnel: \_\_\_\_\_

Response Precautions/Suggested PPE:

Product Name: \_\_\_\_\_

EHS Chemical Name: \_\_\_\_\_

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Storage Method: \_\_\_\_\_

Average Amount On Site: \_\_\_\_\_

Maximum Amount On site: \_\_\_\_\_

Months (by name) Maximum Amount is On Site:

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Initial Evacuation Zone: \_\_\_\_\_

Primary Hazard to Response Personnel: \_\_\_\_\_

Response Precautions/Suggested PPE:

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Product Name: \_\_\_\_\_

EHS Chemical Name: \_\_\_\_\_

CAS#: \_\_\_\_\_

Storage Method: \_\_\_\_\_

Average Amount On Site: \_\_\_\_\_

Maximum Amount On site: \_\_\_\_\_

Months (by name) Maximum Amount is On Site:

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Initial Evacuation Zone: \_\_\_\_\_

Primary Hazard to Response Personnel: \_\_\_\_\_

Response Precautions/Suggested PPE:



Product Name: \_\_\_\_\_

EHS Chemical Name: \_\_\_\_\_

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Storage Method: \_\_\_\_\_

Average Amount On Site: \_\_\_\_\_

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Months (by name) Maximum Amount is On Site:

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Initial Evacuation Zone: \_\_\_\_\_

Primary Hazard to Response Personnel: \_\_\_\_\_

Response Precautions/Suggested PPE:

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Product Name: \_\_\_\_\_

EHS Chemical Name: \_\_\_\_\_

CAS#: \_\_\_\_\_

Storage Method: \_\_\_\_\_

Average Amount On Site: \_\_\_\_\_

Maximum Amount On site: \_\_\_\_\_

Months (by name) Maximum Amount is On Site:

\_\_\_\_\_

Initial Evacuation Zone: \_\_\_\_\_

Primary Hazard to Response Personnel: \_\_\_\_\_

Response Precautions/Suggested PPE:

**OTHER CHEMICALS OF CONCERN (NON EHS, attach additional pages if necessary):**

Chemical Name: _____	CAS#: _____
Chemical Name: _____	CAS#: _____
Chemical Name: _____	CAS#: _____
Chemical Name: _____	CAS#: _____
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Chemical Name: _____	CAS#: _____

**NOTIFICATION:**

**Facility personnel must call these numbers:**

Fire Department: 911

Local Emergency Management Coordinator: 248-858-5300

State Emergency Response/MDEQ: 1-800-292-4706 (pollution alerting hotline)

National Response Center: 1-800-424-8802

Dept. of Agriculture (farm related spills only): 1-800-405-0101

**The Fire Dept. must call the State Bureau of Construction Codes and Fire Safety:**

24 hour pager: 1-888-237-4081

24 hour voice mail notification: 1-517-322-5316