

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.

Sharon Stahl

LEPC Chairperson

248-858-5371

Telephone

Trevin Robinson, Chief

Auburn Hills Fire Chief

248-364-6752

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.

Chief Trevin Robinson

Emergency Management Coordinator

248-364-6752

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:

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:

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:

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:

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