Risk Management Plan Form

Section 112(r) of the Clean Air Act

Form Approved: 2/22/1999
OMB Control Number: 2050-0144

IMPORTANT: Type or print; read instructions before completing form.

Submission Type:	**Where to Send Completed Forms:**
❑ First-Time RMP Submission ❑ Correction to My Current RMP ❑ Re-Submission (all 9 sections are updated and certified)	RMP Reporting Center P.O. Box 3346 Merrifield, VA 22116-3346 Attention: RMP*Submit

Facility Name: _____

____ – ____ – ____
EPA Facility ID# (leave blank for first submission only)

ES Executive Summary

(attach a separate piece of paper if you need additional space)

EPA Risk Management Plan

Facility Name: _____

EPA Facility ID# (leave blank for first submission only)

1 Section 1. Registration

1.1 Source Identification

1.1.a. Facility Name (maximum 50 characters)

1.1.b. Parent Company #1 Name (maximum 50 characters)

1.1.c. Parent Company #2 Name (maximum 50 characters)

1.2. EPA Facility Identifier (12 characters)

(leave blank for first submission only)

1.3. Other EPA Systems Facility Identifier (15 characters)

1.4. Dun and Bradstreet Numbers (DUNS) (9 characters)

1.4.a. Facility DUNS	1.4.b. Parent Company #1 DUNS	1.4.c. Parent Company #2 DUNS

1.5 Facility Location

1.5.a. Street - Line 1 (maximum 35 characters)

1.5.b. Street - Line 2 (maximum 35 characters)

1.5.c. City (maximum 19 characters)

1.5.d. State

1.5.e. Zip Code Zip +4 Code

1.5.f. County (maximum 20 characters)

1.5.g. Facility Latitude (report in degrees, minutes, and seconds)

+/- D D M M S S . S

1.5.h. Facility Longitude (report in degrees, minutes, and seconds)

+/- D D D M M S S . S

1.5.i. Method for determining Lat/Long (see User Manual for codes)

1.5.j. Description of location identified by Lat/Long (see User Manual for codes)

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

1 Section 1. Registration

1.6. Owner or Operator

1.6.a. Name (maximum 35 characters)
1.6.b. Phone ( ) -

Owner or Operator Mailing Address

1.6.c. Street - Line 1 (maximum 35 characters)	
1.6.d. Street - Line 2 (maximum 35 characters)	
1.6.e. City (maximum 19 characters)	1.6.f. State
1.6.g. Zip Code – Zip +4 Code	

1.7. Name and title of person or position responsible for RMP (part 68) implementation

1.7.a. Name of person (maximum 35 characters)	1.7.b. Title of person or position (maximum 35 characters)

1.8. Emergency Contact

1.8.a. Name (maximum 35 characters)	1.8.b. Title of person or position (maximum 35 characters)
1.8.c. Phone ( ) -	1.8.d. 24-Hour Phone ( ) -
1.8.e. 24-Hour Phone Extension/PIN # (maximum 35 characters)	

1.9. Other Points of Contact (Optional)

1.9.a. Facility or Parent Company E-mail Address (maximum 100 characters)	1.9.b. Facility Public Contact Phone Number ( ) -
1.9.c. Facility or Parent Company WWW Homepage Address (maximum 100 characters)	

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

1 Section 1. Registration

1.10. Local Emergency Planning Committee (LEPC) (optional) (maximum 30 characters)

1.11. Number of full-time employees (FTEs) on site

1.12. Covered by (select all that apply)

- ❑ 1.12.a. OSHA PSM
- ❑ 1.12.b. EPCRA section 302
- ❑ 1.12.c. CAA Title V Air Operating Permit Program. If covered, specify permit ID# below.

1.13. OSHA Star or Merit Ranking (optional)

❑ Yes ❑ No

1.14. Last Safety Inspection (by an External Agency) Date

M M D D Y Y Y Y

1.15. Last Safety Inspection Performed by an External Agency (select one)

- ❑ 1.15.a. OSHA
- ❑ 1.15.b. State occupational safety agency
- ❑ 1.15.c. EPA
- ❑ 1.15.d. State environmental agency
- ❑ 1.15.e. Fire department
- ❑ 1.15.f. Never had one
- ❑ 1.15.g. Other (specify) (maximum 50 characters)

_____

_____

1.16. Will this RMP involve Predictive Filing? (optional)

❑ Yes ❑ No

Facility Name: _____

EPA Facility ID# (leave blank for first submission only)

1 Section 1. Registration

1.17. Process Specific Information. For each covered process, fill in this page. If you are reporting more than one process, make a photocopy of this page and report each process on a separate sheet.

Process ID# (optional–for your reference only)

Process Description (optional–for your reference only)

1.17.a. Program Level (select one)

❑ 1 ❑ 2 ❑ 3

1.17.b. NAICS Code(s) (five or six digits)

1.17.c. Chemical(s) (regulated substance(s))

1.17.c.1. Name (maximum 100 characters)	1.17.c.2. CAS Number (10 characters)	1.17.c.3. Quantity (lbs) (max. 12 chars.)

If you need more space to list NAICS codes or chemicals, please make a photocopy of this sheet.

Are you claiming confidential business information in this section? ❑

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

2 Section 2. Toxics: Worst Case

(If you need to report a worst-case scenario, make a photocopy of pages 2-1 and 2-2 and report each scenario separately)

2.1. Chemical

2.1.a. Name (maximum 100 characters)

2.1.b. Percent weight of chemical (if in a mixture)

___ . ___ %

2.2. Physical state (select one)

- ❑ 2.2.a. Gas
- ❑ 2.2.b. Liquid
- ❑ 2.2.c. Gas liquified by pressure
- ❑ 2.2.d. Gas liquified by refrigeration

2.3. Model Used (select one or enter another model name in Other below)

- ❑ 2.3.a. EPA's OCA Guidance Reference Tables or Equations
- ❑ 2.3.b. EPA's RMP Guidance for Ammonia Refrigeration Reference Tables or Equations
- ❑ 2.3.d. EPA's RMP Guidance for Waste Water Treatment Plants Reference Tables or Equations
- ❑ 2.3.e. EPA's RMP Guidance for Warehouses Reference Tables or Equations
- ❑ 2.3.f. EPA's RMP Guidance for Chemical Distributors Reference Tables or Equations
- ❑ 2.3.g. EPA's RMP*Comp™
- ❑ 2.3.h. Areal Locations of Hazardous Atmospheres (ALOHA®)
- ❑ 2.3.z. Other model (specify) (maximum 255 characters)

_____

2.4. Scenario (select one)

- ❑ 2.4.a. Gas Release
- ❑ 2.4.b. Liquid Spill and Vaporization

2.5. Quantity released (lbs)

_____

2.6. Release rate (lbs/minute)

_____ . ___

2.7. Release duration (minutes)

____ . ___

2.8. Wind speed (meters/second)

____ . ___

2.9. Atmospheric stability class (A-F)

___

2.10. Topography (select one)

- ❑ 2.10.a. Urban
- ❑ 2.10.b. Rural

2.11. Distance to endpoint (miles)

___ . ___

Are you claiming confidential business information in this section? ❑

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

2 Section 2. Toxics: Worst Case

2.12. Estimated residential population within distance to endpoint (numeric)

___ , ___ , ___

2.13. Public receptors within distance to endpoint (select all that apply)

- ❑ 2.13.a. Schools
- ❑ 2.13.b. Residences
- ❑ 2.13.c. Hospitals
- ❑ 2.13.d. Prison/Correctional Facilities
- ❑ 2.13.e. Recreation Areas
- ❑ 2.13.f. Major commercial, office, or industrial areas
- ❑ 2.13.g. Other (specify) (maximum 200 characters)

_____

_____

_____

2.14. Environmental receptors within distance to endpoint (select all that apply)

- ❑ 2.14.a. National or State Parks, Forests, or Monuments
- ❑ 2.14.b. Officially Designated Wildlife Sanctuaries, Preserves, or Refuges
- ❑ 2.14.c. Federal Wilderness Area
- ❑ 2.14.d. Other (specify) (maximum 200 characters)

_____

_____

2.15. Passive mitigation considered (select all that apply)

- ❑ 2.15.a. Dikes
- ❑ 2.15.b. Enclosures
- ❑ 2.15.c. Berms
- ❑ 2.15.d. Drains
- ❑ 2.15.e. Sumps
- ❑ 2.15.f. Other (specify) (maximum 200 characters)

_____

_____

2.16. Graphics file name (optional) (maximum 12 characters)

Are you claiming confidential business information in this section? ❑

Facility Name: _____

EPA Facility ID# (leave blank for first submission only)

3 Section 3. Toxics: Alternative Releases

(If you need to report more than one alternative release scenario, make a copy of pages 3-1 and 3-2 and report each scenario separately)

3.1. Chemical

3.1.a. Name (maximum 100 characters)

3.1.b. Percent weight of chemical (if in a mixture)

___ . ___ %

3.2. Physical State (select one)

- ❑ 3.2.a. Gas
- ❑ 3.2.b. Liquid
- ❑ 3.2.c. Gas liquified by pressure
- ❑ 3.2.c. Gas liquified by refrigeration

3.3. Model Used (select one or enter another model name in Other below)

- ❑ 3.3.a. EPA's OCA Guidance Reference Tables or Equations
- ❑ 3.3.b. EPA's RMP Guidance for Ammonia Refrigeration Reference Tables or Equations
- ❑ 3.3.d. EPA's RMP Guidance for Waste Water Treatment Plants Reference Tables or Equations
- ❑ 3.3.e. EPA's RMP Guidance for Warehouses Reference Tables or Equations
- ❑ 3.3.f. EPA's RMP Guidance for Chemical Distributors Reference Tables or Equations
- ❑ 3.3.g. EPA's RMP*Comp™
- ❑ 3.3.h. Areal Locations of Hazardous Atmospheres (ALOHA®)
- ❑ 3.3.z. Other model (specify) (maximum 200 characters)

_____

3.4. Scenario (select one)

- ❑ 3.4.a. Transfer hose failure
- ❑ 3.4.b. Pipe leak
- ❑ 3.4.c. Vessel leak
- ❑ 3.4.d. Overfilling
- ❑ 3.4.e. Rupture disk/relief valve failure
- ❑ 3.4.f. Excess flow device failure
- ❑ 3.4.g. Other (specify) (maximum 35 characters)

_____

_____

3.5. Quantity released (lbs)

3.6. Release rate (lbs/minute) ___ . ___

3.7. Release duration (minutes) ___ . ___

3.8. Wind speed (meters/second) ___ . ___

3.9. Atmospheric stability class (A-F)

Are you claiming confidential business information in this section? ❑

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

3 Section 3. Toxics: Alternative Releases

3.10. Topography (select one)

- ❑ 3.10.a. Urban
- ❑ 3.10.b. Rural

3.11. Distance to endpoint (miles)

___ . ___

3.12. Estimated residential population within distance to endpoint

___ , ___ , ___

3.13. Public receptors within distance to endpoint (select all that apply)

- ❑ 3.13.a. Schools
- ❑ 3.13.b. Residences
- ❑ 3.13.c. Hospitals
- ❑ 3.13.d. Prisons/Correctional facilities
- ❑ 3.13.e. Recreation areas
- ❑ 3.13.f. Major commercial, office, or industrial areas
- ❑ 3.13.g. Other (specify) (maximum 200 characters)

_____

3.14. Environmental receptors within distance to endpoint (select all that apply)

- ❑ 3.14.a. National or State Parks, Forests, or Monuments
- ❑ 3.14.b. Officially Designated Wildlife Sanctuaries, Preserves, or Refuges
- ❑ 3.14.c. Federal Wilderness Area
- ❑ 3.14.d. Other (specify) (maximum 200 characters)

_____

_____

3.15. Passive mitigation considered (select all that apply)

- ❑ 3.15.a. Dikes
- ❑ 3.15.b. Enclosures
- ❑ 3.15.c. Berms
- ❑ 3.15.d. Drains
- ❑ 3.15.e. Sumps
- ❑ 3.15.f. Other (specify) (maximum 200 characters)

_____

3.16. Active mitigation considered (select all that apply)

- ❑ 3.16.a. Sprinkler systems
- ❑ 3.16.b. Deluge systems
- ❑ 3.16.c. Water curtain
- ❑ 3.16.d. Neutralization
- ❑ 3.16.e. Excess flow valve
- ❑ 3.16.f. Flares
- ❑ 3.16.g. Scrubbers
- ❑ 3.16.h. Emergency shutdown systems
- ❑ 3.16.i. Other (specify) (maximum 200 characters)

_____

_____

3.17 Graphics file name (optional) (maximum 12 characters)

Are you claiming confidential business information in this section? ❑

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

4 Section 4. Flammables: Worst Case

(If you need to report more than one worst-case scenario, make a photocopy of pages 4-1 and 4-2 and report each scenario separately)

4.1. Chemical Name (maximum 100 characters)

4.2. Model Used (select one or enter another model name in Other below)

- ❑ 4.2.a. EPA's OCA Guidance Reference Tables or Equations
- ❑ 4.2.c. EPA's RMP Guidance for Propane Storage Facilities Reference Tables or Equations
- ❑ 4.2.d. EPA's RMP Guidance for Waste Water Treatment Plants Reference Tables or Equations
- ❑ 4.2.e. EPA's RMP Guidance for Warehouses Reference Tables or Equations
- ❑ 4.2.f. EPA's RMP Guidance for Chemical Distributors Reference Tables or Equations
- ❑ 4.2.g. EPA's RMP*Comp™
- ❑ 4.2.z. Other model (specify) (maximum 235 characters)

_____

4.3. Scenario (only one option)

Vapor Cloud Explosion

4.4. Quantity released (lbs)

4.5. Endpoint Used (only one option)

1 PSI

4.6. Distance to endpoint (miles)

4.7. Estimated residential population within distance to endpoint

4.8. Public receptors within distance to endpoint (select all that apply)

- ❑ 4.8.a. Schools
- ❑ 4.8.b. Residences
- ❑ 4.8.c. Hospitals
- ❑ 4.8.d. Prisons/Correctional Facilities
- ❑ 4.8.e. Recreation Areas
- ❑ 4.8.f. Major commercial, office, or industrial areas
- ❑ 4.8.g. Other (specify) (maximum 200 characters)

_____

_____

4.9. Environmental receptors within distance to endpoint (select all that apply)

- ❑ 4.9.a. National or State Parks, Forests, or Monuments
- ❑ 4.9.b. Officially Designated Wildlife Sanctuaries, Preserves, or Refuges
- ❑ 4.9.c. Federal Wilderness Area
- ❑ 4.9.d. Other (specify) (maximum 200 characters)

_____

_____

Are you claiming confidential business information in this section? ❑

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

4 Section 4. Flammables: Worst Case

4.10. Passive mitigation considered (select all that were considered in defining the release quantity or rate for the worst-case scenario)

❑ 4.10.a. Blast walls

❑ 4.10.b. Other (specify) (maximum 200 characters)

_____

_____

4.11. Graphics file name (optional) (maximum 12 characters)

Are you claiming confidential business information in this section? ❑

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

5 Section 5. Flammables: Alternative Releases

(If you need to report more than one alternative release scenario, make a copy of pages 5-1 and 5-2 and report each scenario separately)

5.1. Chemical Name (maximum 100 characters)

5.2. Model Used (select one or enter another model name in Other below)

- ❑ 5.2.a. EPA's OCA Guidance Reference Tables or Equations
- ❑ 5.2.c. EPA's RMP Guidance for Propane Storage Facilities Reference Tables or Equations
- ❑ 5.2.d. EPA's RMP Guidance for Waste Water Treatment Plants Reference Tables or Equations
- ❑ 5.2.e. EPA's RMP Guidance for Warehouses Reference Tables or Equations
- ❑ 5.2.f. EPA's RMP Guidance for Chemical Distributors Reference Tables or Equations
- ❑ 5.2.g. EPA's RMP*Comp™
- ❑ 5.2.z. Other model (specify) (maximum 255 characters)

_____

5.3. Scenario (select one)

- ❑ 5.3.a. Vapor cloud explosion
- ❑ 5.3.b. Fireball
- ❑ 5.3.c. BLEVE
- ❑ 5.3.d. Pool fire
- ❑ 5.3.e. Jet fire
- ❑ 5.3.f. Vapor cloud fire
- ❑ 5.3.g. Other (specify) (maximum 30 characters)

_____

_____

5.4. Quantity released (lbs)

_____

5.5. Endpoint used (select one)

- ❑ 5.5.a. 1 PSI
- ❑ 5.5.b. 5 kw/m^2 for 40 seconds
- ❑ 5.5.c. Lower flammability limit (specify) ___ . ___

5.6. Distance to endpoint (miles)

___ . ___

5.7. Estimated residential population within distance to endpoint

___ , ___ , ___

Are you claiming confidential business information in this section? ❑

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

5 Section 5. Flammables: Alternative Releases

5.8. Public receptors within distance to endpoint (select all that apply)

- ❑ 5.8.a. Schools
- ❑ 5.8.b. Residences
- ❑ 5.8.c. Hospitals
- ❑ 5.8.d. Prisons/Correctional facilities
- ❑ 5.8.e. Recreation areas
- ❑ 5.8.f. Major commercial, office, or industrial areas
- ❑ 5.8.g. Other (specify) (maximum 200 characters)

_____

_____

5.9. Environmental receptors within distance to endpoint (select all that apply)

- ❑ 5.9.a. National or State Parks, Forests, or Monuments
- ❑ 5.9.b. Officially Designated Wildlife Sanctuaries, Preserves, or Refuges
- ❑ 5.9.c. Federal Wilderness Area
- ❑ 5.9.d. Other (specify) (maximum 200 characters)

_____

_____

5.10. Passive mitigation considered (select all that apply)

- ❑ 5.10.a. Dikes
- ❑ 5.10.b. Fire walls
- ❑ 5.10.c. Blast walls
- ❑ 5.10.d. Enclosures
- ❑ 5.10.e. Other (specify) (maximum 200 characters)

_____

_____

5.11. Active mitigation considered (select all that apply)

- ❑ 5.11.a. Sprinkler system
- ❑ 5.11.b. Deluge system
- ❑ 5.11.c. Water curtain
- ❑ 5.11.d. Excess flow valve
- ❑ 5.11.e. Other (specify) (maximum 200 characters)

_____

_____

5.12. Graphics file name (optional) (maximum 12 characters)

Are you claiming confidential business information in this section? ❑

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

6 Section 6. Five-Year Accident History

(If you need to report more than one accident history, make a photocopy of pages 6-1 through 6-3 and report each accident separately)

Would you like to certify that your facility *did not have* any reportable accidents in the last 5 years?

❑ Yes; leave the rest of this section blank ❑ No; fill out this section for each accident

6.1. Date of accident (day, month, and year)

M M D D Y Y Y Y

6.2. Time accident began (hours and minutes)

H H M M ❑ a.m. ❑ p.m.

6.3. NAICS code of process involved

6.4. Release duration (hours and minutes)

H H H M M

6.5. Chemical(s) released (if you need more space to list chemicals, please make a photocopy of this sheet)

6.5.a.i. Chemical name (maximum 100 characters)	6.5.a.ii CAS number	6.5.b. Quantity released (lbs.)	6.5.c. Percent weight of chemical if in a mixture (toxics only)
			. %
			. %
			. %
			. %

6.6. Release event (select at least one)

❑ a. Gas release
❑ b. Liquid spill/evaporation
❑ c. Fire
❑ d. Explosion

6.7. Release source (select at least one)

❑ a. Storage vessel
❑ b. Piping
❑ c. Process vessel
❑ d. Transfer hose
❑ e. Valve
❑ f. Pump
❑ g. Joint
❑ h. Other (specify) (maximum 200 characters)

_____

_____

Are you claiming confidential business information in this section? ❑

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

6 Section 6. Five-Year Accident History

6.8. Weather conditions at time of event

a.i. Wind speed (numerical) ___.___	Wind speed unit ❑ miles/hr. ❑ knots ❑ meters/sec.	a.ii. Wind direction ___
b. Temperature (°F) ___	c. Atmospheric stability class (A-F) ___	❑ d. Precipitation present
❑ e. Unknown weather conditions (check if a-d are all unknown)		

6.9. On-site Impacts

a. Deaths (enter numbers)		b. Injuries (enter numbers)	
a.i. Employees or contractors	___	b.i. Employees or contractors	___
a.ii. Public responders	___	b.ii. Public responders	___
a.iii. Public	___	b.iii. Public	___
c. Property damage $ ___,___,___			

6.10. Known off-site impacts (enter numbers)

a. Deaths	___	d. Evacuated	___
b. Hospitalizations	___	e. Sheltered-in-place	___
c. Other medical treatment	___	f. Property damage ($):	___

6.10.g. Environmental damage (select all that apply)

❑ g.1. Fish or animal kills
❑ g.2. Tree, lawn, shrub, or crop damage
❑ g.3. Water contamination
❑ g.4. Soil contamination
❑ g.5. Other (specify) (maximum 200 characters)

_____

_____

Are you claiming confidential business information in this section? ❑

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

6 Section 6. Five-Year Accident History

6.11. Initiating event (select one)

- ❑ a. Equipment failure
- ❑ b. Human error
- ❑ c. Natural (weather conditions, earthquake)
- ❑ d. Unknown

6.12. Contributing factors (select all that apply)

- ❑ a. Equipment failure
- ❑ b. Human error
- ❑ c. Improper procedure
- ❑ d. Overpressurization
- ❑ e. Upset condition
- ❑ f. By-pass condition
- ❑ g. Maintenance activity/inactivity
- ❑ h. Process design failure
- ❑ i. Unsuitable equipment
- ❑ j. Unusual weather conditions
- ❑ k. Management error
- ❑ l. Other (specify) (maximum 200 characters)

_____

_____

6.13. Off-site responders notified (select one)

- ❑ a. Notified only
- ❑ b. Notified and responded
- ❑ c. No, not notified
- ❑ d. Unknown

6.14. Changes introduced as a result of the accident (select at least one)

- ❑ a. Improved/upgraded equipment
- ❑ b. Revised maintenance
- ❑ c. Revised training
- ❑ d. Revised operating procedures
- ❑ e. New process controls
- ❑ f. New mitigation systems
- ❑ g. Revised emergency response plan
- ❑ h. Changed process
- ❑ i. Reduced inventory
- ❑ j. None
- ❑ k. Other (specify) (maximum 200 characters)

_____

_____

_____

_____

Are you claiming confidential business information in this section? ❑

EPA Risk Management Plan

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

7 Section 7. Prevention Program: Program 3

(If you need to report more than one prevention program, make a photocopy of pages 7-1 through 7-4 and report each separately)

Prevention program description:

_____

7.1 NAICS code for process

| | | | | | |

7.2 Chemical name(s) (maximum 100 characters)	

If you need more space to list chemicals, please make a photo copy of this sheet.

7.3. Date on which the safety information was last reviewed or revised

M M D D Y Y Y Y

7.4. Process Hazards Analysis (PHA)

7.4.a. Date of last PHA or PHA update

M M D D Y Y Y Y

7.4.b. Technique used (select at least one)

- ❑ 7.4.b.1. What If
- ❑ 7.4.b.2. Checklist
- ❑ 7.4.b.3. What If/Checklist (combined)
- ❑ 7.4.b.4. HAZOP
- ❑ 7.4.b.5. Failure Mode & Effects Analysis
- ❑ 7.4.b.6. Fault Tree Analysis
- ❑ 7.4.b.7. Other (Specify) (maximum 200 characters)

_____

_____

Are you claiming confidential business information in this section? ❑

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

7 Section 7. Prevention Program: Program 3

7.4.c. Expected or actual date of completion of all changes resulting from last PHA or PHA update

M M D D Y Y Y Y

7.4.d. Major hazards identified (select at least one)

- ❑ 7.4.d.1. Toxic release
- ❑ 7.4.d.2. Fire
- ❑ 7.4.d.3. Explosion
- ❑ 7.4.d.4. Runaway reaction
- ❑ 7.4.d.5. Polymerization
- ❑ 7.4.d.6. Overpressurization
- ❑ 7.4.d.7. Corrosion
- ❑ 7.4.d.8. Overfilling
- ❑ 7.4.d.9. Contamination
- ❑ 7.4.d.10. Equipment failure
- ❑ 7.4.d.11. Loss of cooling, heating, electricity, instrument air
- ❑ 7.4.d.12. Earthquake
- ❑ 7.4.d.13. Floods (flood plain)
- ❑ 7.4.d.14. Tornado
- ❑ 7.4.d.15. Hurricanes
- ❑ 7.4.d.16. Other (specify) (maximum 200 characters)

_____

7.4.e. Process controls in use (select at least one)

- ❑ 7.4.e.1. Vents
- ❑ 7.4.e.2. Relief valves
- ❑ 7.4.e.3. Check valves
- ❑ 7.4.e.4. Scrubbers
- ❑ 7.4.e.5. Flares
- ❑ 7.4.e.6. Manual shutoffs
- ❑ 7.4.e.7. Automatic shutoffs
- ❑ 7.4.e.8. Interlocks
- ❑ 7.4.e.9. Alarms and procedures
- ❑ 7.4.e.10. Keyed bypass
- ❑ 7.4.e.11. Emergency air supply
- ❑ 7.4.e.12. Emergency power
- ❑ 7.4.e.13. Backup pump
- ❑ 7.4.e.14. Grounding equipment
- ❑ 7.4.e.15. Inhibitor addition
- ❑ 7.4.e.16. Rupture disks
- ❑ 7.4.e.17. Excess flow device
- ❑ 7.4.e.18. Quench system
- ❑ 7.4.e.19. Purge system
- ❑ 7.4.e.20. None
- ❑ 7.4.e.21. Other (specify) (maximum 200 characters)

_____

7.4.f. Mitigation systems in use (select at least one)

- ❑ 7.4.f.1. Sprinkler system
- ❑ 7.4.f.2. Dikes
- ❑ 7.4.f.3. Fire walls
- ❑ 7.4.f.4. Blast walls
- ❑ 7.4.f.5. Deluge system
- ❑ 7.4.f.6. Water curtain
- ❑ 7.4.f.7. Enclosure
- ❑ 7.4.f.8. Neutralization
- ❑ 7.4.f.9. None
- ❑ 7.4.f.10. Other (specify) (maximum 200 characters)

_____

7.4.g. Monitoring/detection systems in use (select at least one)

- ❑ 7.4.g.1. Process area detectors
- ❑ 7.4.g.2. Perimeter monitors
- ❑ 7.4.g.3. None
- ❑ 7.4.g.4. Other (specify) (maximum 200 characters)

_____

Are you claiming confidential business information in this section? ❑

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

7 Section 7. Prevention Program: Program 3

7.4.h. Changes since last PHA or PHA update (select at least one)

- ❑ 7.4.h.1. Reduction in chemical inventory
- ❑ 7.4.h.2. Increase in chemical inventory
- ❑ 7.4.h.3. Change in process parameters
- ❑ 7.4.h.4. Installation of process controls
- ❑ 7.4.h.5. Installation of process detection systems
- ❑ 7.4.h.6. Installation of perimeter monitoring systems
- ❑ 7.4.h.7. Installation of mitigation systems
- ❑ 7.4.h.8. None recommended
- ❑ 7.4.h.9. None
- ❑ 7.4.h.10. Other (specify) (maximum 200 characters)

_____

_____

7.5 Date of most recent review or revision of operating procedures

M M D D Y Y Y Y

7.6 Training

7.6.a. Date of most recent review or revision of training programs

M M D D Y Y Y Y

7.6.b. Type of training provided (select at least one)

- ❑ 7.6.b.1. Classroom
- ❑ 7.6.b.2. On the job
- ❑ 7.6.b.3. Other (specify) (maximum 200 characters) _____

7.6.c. Type of competency testing used (select at least one)

- ❑ 7.6.c.1. Written test
- ❑ 7.6.c.2. Oral test
- ❑ 7.6.c.3. Demonstration
- ❑ 7.6.c.4. Observation
- ❑ 7.6.c.5. Other (specify) (maximum 200 characters)

_____

7.7. Maintenance

7.7.a. Date of most recent review or revision of maintenance procedures

M M D D Y Y Y Y

7.7.b. Date of most recent equipment inspection or test

M M D D Y Y Y Y

7.7.c. Equipment most recently inspected or tested (list equipment) (maximum 200 characters)

Are you claiming confidential business information in this section? ❑

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

7 Section 7. Prevention Program: Program 3

7.8. Management of Change

7.8.a. Date of most recent change that triggered management of change procedures	M M D D Y Y Y Y
7.8.b. Date of most recent review or revision of management of change procedures	M M D D Y Y Y Y
7.9. Date of most recent pre-startup review	M M D D Y Y Y Y

7.10. Compliance audits

7.10.a. Date of most recent compliance audit	M M D D Y Y Y Y
7.10.b. Expected or actual date of completion of all changes resulting from the compliance audit	M M D D Y Y Y Y

7.11. Incident investigation

7.11.a. Date of your most recent incident investigation (if any)	M M D D Y Y Y Y
7.11.b. Expected or actual date of completion of all changes resulting from the incident investigation	M M D D Y Y Y Y

7.12. Date of most recent review or revision of employee participation plans	M M D D Y Y Y Y
7.13. Date of most recent review or revision of hot work permit procedures	M M D D Y Y Y Y
7.14. Date of most recent review or revision of contractor safety procedures	M M D D Y Y Y Y
7.15. Date of most recent evaluation of contractor safety performance	M M D D Y Y Y Y

Are you claiming confidential business information in this section? ☐

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

8 Section 8. Prevention Program: Program 2

(If you need to report more than one prevention program, make a photocopy of pages 8-1 through 8-4 and report each separately)

Prevention program description:

_____

8.1. NAICS Code for process:

8.2. Chemical name(s): (maximum 100 characters)

If you need more space to list chemicals, please make a photo copy of this sheet.

8.3. Safety information

8.3.a. Date of most recent review or revision of safety information M M D D Y Y Y Y

8.3.b. Federal/state regulations or industry-specific design codes and standards used to demonstrate compliance with the safety information requirement (select at least one)

- ❑ 8.3.b.1. NFPA 58 (or state law based on NFPA 58)
- ❑ 8.3.b.2. OSHA (29 CFR 1910.111)
- ❑ 8.3.b.3. ASTM Standards
- ❑ 8.3.b.4. ANSI Standards
- ❑ 8.3.b.5. ASME Standards
- ❑ 8.3.b.6. None
- ❑ 8.3.b.7. Other (specify) (maximum 200 characters)
- ❑ 8.3.b.8. Comments (maximum 100 characters)

Are you claiming confidential business information in this section? ❑

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

8 Section 8. Prevention Program: Program 2

8.4. Hazard review

8.4.a. Date of completion of most recent hazard review or update

M M D D Y Y Y Y

8.4.b. Expected or actual date of completion of all changes resulting from the hazard review

M M D D Y Y Y Y

8.4.c. Major hazards identified (select at least one)

- ❑ 8.4.c.1. Toxic release
- ❑ 8.4.c.2. Fire
- ❑ 8.4.c.3. Explosion
- ❑ 8.4.c.4. Runaway reaction
- ❑ 8.4.c.5. Polymerization
- ❑ 8.4.c.6. Overpressurization
- ❑ 8.4.c.7. Corrosion
- ❑ 8.4.c.8. Overfilling
- ❑ 8.4.c.9. Contamination
- ❑ 8.4.c.10. Equipment failure
- ❑ 8.4.c.11. Loss of cooling, heating, electricity, instrument air
- ❑ 8.4.c.12. Earthquake
- ❑ 8.4.c.13. Floods (flood plain
- ❑ 8.4.c.14. Tornado
- ❑ 8.4.c.15. Hurricanes
- ❑ 8.4.c.16. Other (specify) (maximum 200 characters)

_____

_____

8.4.d. Process controls in use (select at least one)

- ❑ 8.4.d.1. Vents
- ❑ 8.4.d.2. Relief valves
- ❑ 8.4.d.3. Check valves
- ❑ 8.4.d.4. Scrubbers
- ❑ 8.4.d.5. Flares
- ❑ 8.4.d.6. Manual shutoffs
- ❑ 8.4.d.7. Automatic shutoffs
- ❑ 8.4.d.8. Interlocks
- ❑ 8.4.d.9. Alarms and procedures
- ❑ 8.4.d.10. Keyed bypass
- ❑ 8.4.d.11. Emergency air supply
- ❑ 8.4.d.12. Emergency power
- ❑ 8.4.d.13. Backup pump
- ❑ 8.4.d.14. Grounding equipment
- ❑ 8.4.d.15. Inhibitor addition
- ❑ 8.4.d.16. Rupture disks
- ❑ 8.4.d.17. Excess flow device
- ❑ 8.4.d.18. Quench system
- ❑ 8.4.d.19. Purge system
- ❑ 8.4.d.20. None
- ❑ 8.4.d.21. Other (specify) (maximum 200 characters)

_____

_____

Are you claiming confidential business information in this section? ❑

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

8 Section 8. Prevention Program: Program 2

8.4.e. Mitigation systems in use (select at least one)

- ❑ 8.4.e.1. Sprinkler system
- ❑ 8.4.e.2. Dikes
- ❑ 8.4.e.3. Fire walls
- ❑ 8.4.e.4. Blast walls
- ❑ 8.4.e.5. Deluge system
- ❑ 8.4.e.6. Water curtain
- ❑ 8.4.e.7. Enclosure
- ❑ 8.4.e.8. Neutralization
- ❑ 8.4.e.9. None
- ❑ 8.4.e.10. Other (specify) (maximum 200 characters)

_____

_____

8.4.f. Monitoring/detection systems in use (select at least one)

- ❑ 8.4.f.1. Process area detectors
- ❑ 8.4.f.2. Perimeter monitors
- ❑ 8.4.f.3. None
- ❑ 8.4.f.4. Other (specify) (maximum 200 characters)

_____

_____

8.4.g. Changes since last hazard review or hazard review update (select at least one)

- ❑ 8.4.g.1. Reduction in chemical inventory
- ❑ 8.4.g.2. Increase in chemical inventory
- ❑ 8.4.g.3. Change in process parameters
- ❑ 8.4.g.4. Installation of process controls
- ❑ 8.4.g.5. Installation of process detection systems
- ❑ 8.4.g.6. Installation of perimeter monitoring systems
- ❑ 8.4.g.7. Installation of mitigation systems
- ❑ 8.4.g.8. None recommended
- ❑ 8.4.g.9. None
- ❑ 8.4.g.10. Other (specify) (maximum 200 characters)

_____

_____

8.5. Date of most recent review or revision of operating procedures

M M D D Y Y Y Y

8.6. Training

8.6.a. Date of most recent review or revision of training programs

M M D D Y Y Y Y

8.6.b. Type of training provided (select at least one)

- ❑ 8.6.b.1. Classroom
- ❑ 8.6.b.2. On the job
- ❑ 8.6.b.3. Other (specify) (maximum 200 characters)

_____

Are you claiming confidential business information in this section? ❑

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

8 Section 8. Prevention Program: Program 2

8.6.c. Type of competency test used (select at least one)

- ❑ 8.6.c.1. Written test
- ❑ 8.6.c.2. Oral test
- ❑ 8.6.c.3. Demonstration
- ❑ 8.6.c.4. Observation
- ❑ 8.6.c.5. Other (specify) (maximum 200 characters)

_____

_____

8.7. Maintenance

8.7.a. Date of most recent review or revision of maintenance procedures

M M D D Y Y Y Y

8.7.b. Date of most recent equipment inspection or test

M M D D Y Y Y Y

8.7.c. Equipment most recently inspected or tested (list equipment) (maximum 200 characters)

8.8. Compliance audits

8.8.a. Date of most recent compliance audit

M M D D Y Y Y Y

8.8.b. Expected or actual date of completion of all changes resulting from the compliance audit

M M D D Y Y Y Y

8.9. Incident investigation

8.9.a. Date of your most recent incident investigation (if any)

M M D D Y Y Y Y

8.9.b. Expected or actual date of completion of all changes resulting from the incident investigation

M M D D Y Y Y Y

8.10. Date of most recent change that triggered a review or a revision of safety information, the hazard review, operating or maintenance procedures, or training

M M D D Y Y Y Y

Are you claiming confidential business information in this section? ❑

Facility Name: _____

EPA Facility ID# (leave blank for first submission only) ____ – ____ – ____

9 Section 9. Emergency Response

9.1. Written emergency response (ER) plan

9.1.a. ❑ Is your facility included in the written community emergency response plan?

9.1.b. ❑ Does your facility have its own written emergency response plan?

9.2. ❑ Does your facility's ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?

9.3. ❑ Does your facility's ER plan include procedures for informing the public and local agencies responding to accidental releases?

9.4. ❑ Does your facility's ER plan include information on emergency health care?

9.5. Date of most recent review or update of your facility's ER plan M M D D Y Y Y Y

9.6. Date of most recent ER training for your facility's employees M M D D Y Y Y Y

9.7. Local agency with which your facility's ER plan or response activities are coordinated

9.7.a. Name of agency (maximum 35 characters)

9.7.b. Phone number ( ) -

9.8. Subject to (select all that apply)

❑ 9.8.a. OSHA Regulations at 29 CFR 1910.38
❑ 9.8.b. OSHA Regulations at 29 CFR 1910.120
❑ 9.8.c. Clean Water Act Regulations at 40 CFR 112
❑ 9.8.d. RCRA Regulations at 40 CFR 264, 265, 279.52
❑ 9.8.e. OPA-90 Regulations at 40 CFR 112, 33 CFR 154, 49 CFR 194, 30 CFR 254
❑ 9.8.f. State EPCRA Rules or Laws
❑ 9.8.g. Other (specify) (maximum 200 characters)

_____

_____

Are you claiming confidential business information in this section? ❑