

APPENDIX H

Wastes: _____

_____ No Waste

SECTION V: RECORD KEEPING

Description of our inspection program: _____

_____ We will use the attached forms in our inspection program.

_____ We will not use the sample forms. We have attached a copy of our own forms.

SECTION VI: EMERGENCY RESPONSE PLAN

1. In the event of an emergency, the following shall be notified:

A. On-site Responders:

Name	Title	Phone
_____	_____	_____
_____	_____	_____

B. Method of Notification to Responder:

_____ Automatic Alarm	_____ Phone
_____ Manual Alarms	_____ Verbal
_____ Other: _____	

C.	Agency	Phone Number
Fire Department:		
State Office of Emergency:		
Services:		
Other:		

2. Designated Local Emergency Medical Facility:

Name	Address	Phone (24 hours)
_____	_____	_____

3. Mitigation Equipment:

A. Monitoring Devices:

_____ Toxic or flammable gas detection
_____ Fluid detection
_____ Other: _____

B. Spill Containment:

_____ Absorbents	_____ Other: _____
------------------	--------------------

C. Spill Control and Treatment:

_____ Vapor Scrubber	_____ Mechanical Ventilation
_____ Pumps/vacuums	_____ Secondary Containment
_____ Neutralizer	_____ Other: _____