

Contingency Plan

I. General Information:

Company Name: _____

Address: _____

Telephone Number: _____ Office hours: _____

EPA ID #: _____

Description of hazardous waste activity(ies):

II. Emergency Coordinators:

Primary Coordinator:

Name: _____

Office Address: _____

Home Address: _____

Office Phone: _____

Home Phone: _____

Cell Phone: _____

Secondary Coordinator:

Name: _____

Office Address: _____

Home Address: _____

Office Phone: _____

Home Phone: _____

Cell Phone: _____

Alternate Coordinator:

Name: _____

Office Address: _____

Home Address: _____

Office Phone: _____

Home Phone: _____

Cell Phone: _____

III. Responsibilities of Emergency Coordinator:

A. The Emergency Coordinator shall be familiar with all aspects of the contingency plan, the facility, facility operations, and wastes generated by the facility.

B. The Emergency Coordinator shall commit the resources necessary to carry out the duties outlined in the contingency plan.

C. In the event of an emergency, the Emergency Coordinator shall:

- i. Activate internal facility alarms;
- ii. Notify state and/or local authorities if their help is needed, see section VI;
- iii. Immediately identify the character, exact source, amount, and a real extent of any released materials;
- iv. Assess possible hazards to human health or the environment as a result of the situation;
- v. Notify local authorities if an evacuation is needed;
- vi. Immediately notify the division at (603) 271-3899 (M-F 8:00 am – 4:00 pm) or the New Hampshire Department of Safety, State Police Dispatch at (603) 223-4381 (24 hrs/day) if human health or the environment is threatened;
- vii. Immediately notify either the local fire chief or the National Response Center at (800) 424-8802;
- viii. For notifications in v, vi, and vii, relay the following information:
 - (1) The name and telephone number of the reporter.
 - (2) The name and address of the facility.
 - (3) The time and the type of incident.
 - (4) The name and quantity of the material(s) involved.
 - (5) The extent of injuries and
 - (6) Any possible hazards to human health or the environment outside the facility.
- ix. Take all reasonable measures to ensure that fires or releases of hazardous waste will not spread (i.e. by halting operations, etc.);
- x. Monitor all equipment if there is a work stoppage;
- xi. Provide for the treatment, storage, or disposal of hazardous waste resulting from an emergency;
- xii. Ensure that a waste that is incompatible with the released material is not treated, stored, or disposed of until clean-up procedures are completed;
- xiii. Provide that all equipment has been cleaned and is fit before resumption of operations;

- xiv. Notify state and local authorities that the facility is in compliance with 40 CFR 265.56(h)(1) & (2) before resumption of activities;
- xv. Submit a written report to the Waste Management Division within 15 days that addresses all details of the incident including:
 - (1) Name, address, and telephone number of the owner or operator.
 - (2) Name, address, and telephone number of the facility.
 - (3) Date, time, and type of incident.
 - (4) Name and quantity of the material(s) involved.
 - (5) Extent of injuries;
 - (6) An assessment of actual or potential hazards to human health or the environment and
 - (7) Estimated quantity and disposition of recovered material that resulted from the incident.

IV. Emergency Equipment:

Type of Equipment:	Location:	Description and capability:	Quantity:

V. Evacuation Plan:

The facility shall be evacuated in the following instances (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Fire or explosive atmosphere | <input type="checkbox"/> Bomb Threat |
| <input type="checkbox"/> Chemical release | <input type="checkbox"/> Severe Weather |
| <input type="checkbox"/> Violence in the workplace | <input type="checkbox"/> Any threat to safety of visitors and employees |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

The following shall be used to signal employees to evacuate the facility (Check all that apply):

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Intercom/paging system | <input type="checkbox"/> Internal Audible alarm |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | |

Employees shall evacuate the facility using the nearest exit. See attached map(s) for primary and alternate evacuation routes. Description of evacuation routes/procedures:

VI. Coordination Agreements:

The following arrangements have been made with local authorities:

In the event of an emergency use the following contact list:

Fire Department:	911	Police Department:	911
Ambulance:	911	Hospital:	_____
NH State Police:	223-4381 24 hrs/day	National Response Center:	(800) 424-8802
NH DES/WMD:	(603) 271-3899 (M-F 8:00-4:00)	Poison Control:	(800) 222-1222
Hazardous Waste Contractor:	Name: _____	Number:	_____
Other:	_____	Other:	_____

A copy of this facility's plan has been submitted to the following local authorities:

<input type="checkbox"/> Police Department	<input type="checkbox"/> Fire Department	<input type="checkbox"/> Hospital:	_____
<input type="checkbox"/> Area Hazardous Materials Response Team:	_____		
<input type="checkbox"/> Facility's hazardous waste contractor:	_____		
<input type="checkbox"/> Other:	_____	<input type="checkbox"/> Other:	_____
<input type="checkbox"/> Other:	_____	<input type="checkbox"/> Other:	_____