

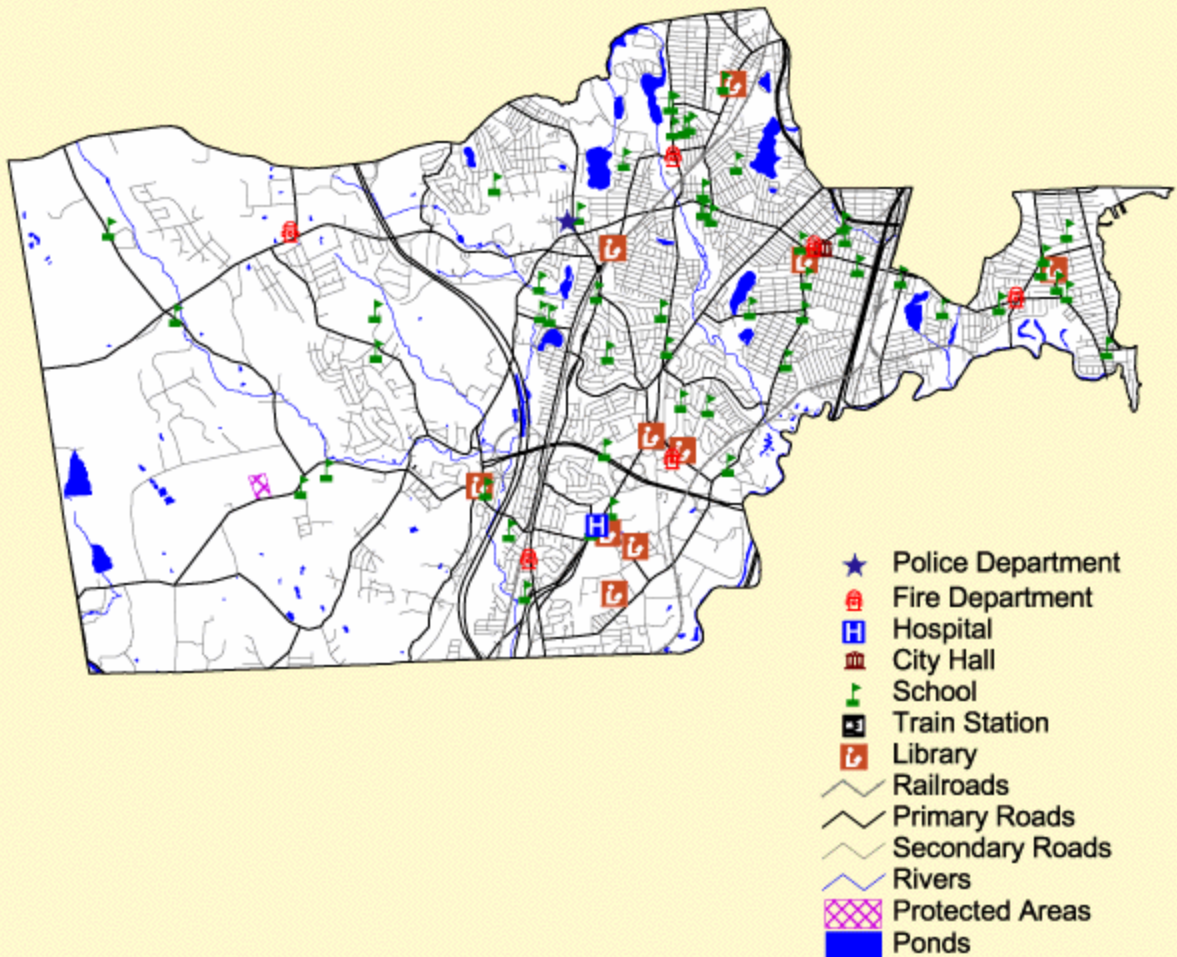
**City of Cranston
EMERGENCY OPERATIONS PLAN (EOP)**



**APPENDIX 1
MAPS AND LISTS OF LOCATIONS**

**City of Cranston
Emergency Management Agency**

City Overview

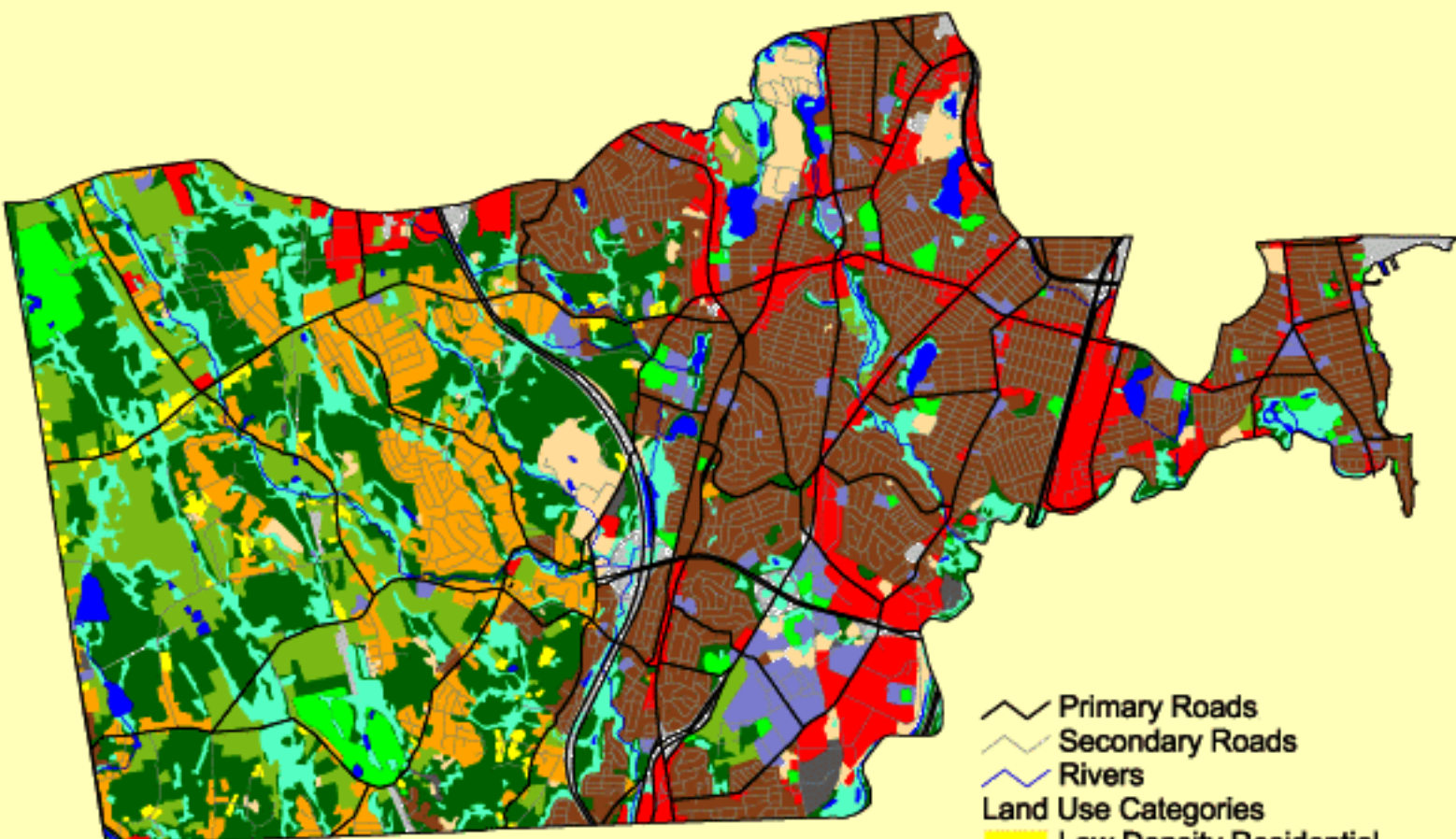


1 0 1 2 3 Miles

Cranston, RI

RIGIS

Land Use



- Primary Roads
- Secondary Roads
- Rivers
- Land Use Categories
 - Low Density Residential
 - Medium Density Residential
 - High Density Residential
 - Waste Disposal
 - Transportation
 - Commercial & Industrial
 - Forest & Brushland
 - Recreation
 - Institutional
 - Agriculture
 - Water
 - Wetland
 - Beaches
 - Other



8

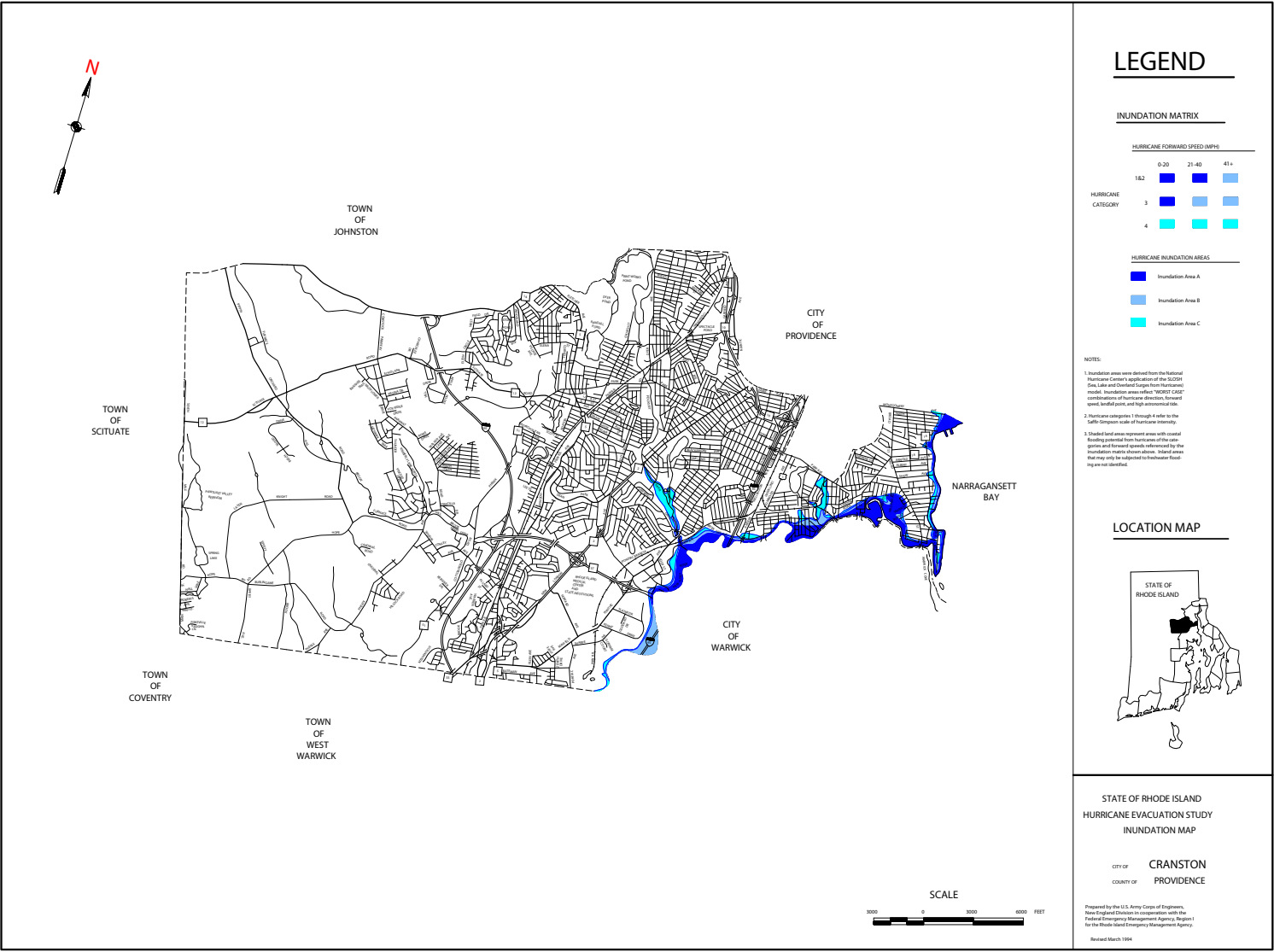


1 0 1 2 3 Miles

Cranston, RI

RIGIS

CITY OF CRANSTON INUNDATION MAP



CITY OF CRANSTON

CRITICAL FACILITIES

City Hall

869 Park Avenue
461-1000

EOC

Fire Department
301 Pontiac Avenue
461-5000

Alternate EOC

Cranston Senior Services Center
1070 Cranston Street

Police Department

Police Station
275 Atwood Avenue
942-4211

Fire Department HQ

301 Pontiac Avenue
461-5000

EMS

Fire Department
301 Pontiac Avenue
461-5000

CITY OF CRANSTON

OTHER MUNICIPAL FACILITIES

Public Works Department

869 Park Avenue

Highway Department

935 Phenix Avenue

Cranston Senior Services Center

1070 Cranston Street

Fire Department Station # 1

131 Park Avenue

Fire Department Station # 2

301 Pontiac Avenue

Fire Department Station # 3

1384 Cranston Street

Fire Department Station # 4

160 Sockanosset Cross Road

Fire Department Station # 5

1041 Oaklawn Avenue

Fire Department Station # 6

1155 Scituate Avenue

CITY OF CRANSTON

American Red Cross Staffed Mass Care Facilities

Cranston Senior Services Center

1070 Cranston Street

Capacity 125

Western Hills Middle School

400 Phenix Avenue

Capacity 250

Park View Middle School

25 Park View Boulevard

Capacity 378

CITY OF CRANSTON
OTHER MASS CARE FACILITIES

CITY OF CRANSTON

PUBLIC AND PRIVATE HEALTHCARE FACILITIES

Mental Health, Retardation and Hospitals Institutions

Adolph Meyer Building	208 Patients
Reagan Building	297 Patients
Varley	22 Patients
Mathias	167 Patients
Pinel	34 Patients
Virks	62 Patients

CITY OF CRANSTON

HAZMAT SITES

List maintained under separate cover.

CITY OF CRANSTON

Locations Requiring Special Warning

SPECIAL NEEDS POPULATIONS (updated 5/03)

DAY CARE FACILITIES & NURSERY SCHOOLS

A Safer Start Child University
117 Woodbine St.
461-1880
Population 20

Doric Day Nursery School
145 Pontiac Ave
941-6051
Population 30

Alpine Pre-School
400 Pippin Orchard Rd.
944-7718
Population 25

Edgewood Lad & Lassie Pre-school
1802 Broad St.
781-0430
Population 32

Budlong Pre-School
10 Budlong Road
944-5990
Population 20-30

Faith Presbyterian Nursery School
499 Hope Rd.
822-4949

Calavary Covenant Church Nursery School
122 Laurens St.
944-0990
Population 15

Little Apostles Early Childhood Center
800 Pippin Orchard Rd.
944-0805

Candy Cane Pre-School II
359 Olney Arnold Rd.
946-6884
Population 31

Little Shepard Pre-School
565 Pontiac Ave
461-2173
Population 65

Candy Cane Pre-School
54 Olney Arnold Rd.
944-0611
Population 72

Noah's Ark
1308 Phenix Ave
946-8282
Population 85

Carriage House Day Care Center
156 Shaw Ave.
461-1660
Population 40

St. David's Play School
200 Meshanticut Valley Pkwy.
944-5377
Population 40

Cranston Community Action Program CCAP
848 Atwood Ave. -former Mae Wescott School

Sunshine Pre-School
640 Dyer Ave.
946-4442
Population 40

CITY OF CRANSTON

Locations Requiring Special Warning Continued

943-7484
Population 205

155 Gansett Ave.
275-5808
Population 75

Cranston YMCA Nursery School
1225 Park Ave.
943-0444
Population 31

Pastore Center
462-6315
Population 100

Creative Center Quality Day Care
717 Atwood Ave.
946-4422

Temple Sinai Nursery School
30 Hagen St.

942-8350
Leonore Sones 274-2146
Robin Greenberg 884-4744
942-3466

Population 15
Temple Sinai Religious School
Pop. 200

Wonderland Early Learning Center
546 Budlong Rd.
942-7923
Population 70

140 Natick Ave.
Population 25

NURSING HOMES

Cedar Crest
125 Scituate Ave.
944-8500
Patients: 153 Staff: 80

Cra-Mar
575 Seven Mile Rd.
828-5010
Patients: 41 Staff 20

Scandinavian Nursing Home and Assisted Living
1811 Broad St.
461-1433
Residents: 102

Victoria Court Assisted Living
55 Oaklawn Ave.
946-5522

CITY OF CRANSTON

Locations Requiring Special Warning Continued

GROUP HOMES

44 Bryon St.
946-3208
Population 4

10 Calvary St.
Population 8

184 Whiting St.
944-7451
Population 4

125 Norfolk
Pop. 10

136 Concord Ave.
Population 6

150 Natick Ave.
738-9300
Population 10

1545 Pontiac Ave.
Eastman House
463-8829
Population 20

183 Burdick
823-5603
Population 5

199 Glen Hills Dr.
Population 4

210 Olney Arnold Rd.
Population 6

25 Batcheller
Population 6

27 Wildflower
Population 4

3 Evergreen St.
785-3053
Population 10

Cranston Retarded Center
665 Dyer
942-2388
220 mentally disabled persons

Cranston Retarded Center
60 Stamp Farm Rd.
942-3445
Population 100

Fellowship House
1257 Cranston St.
943-5817
Population 10

Northeast Family Insitue
735 New London Ave.
946-2020
Population 35

Juvenile Training Facility
Howard Service Rd.
Population 177

CITY OF CRANSTON

Locations Requiring Special Warning

MENTAL HEALTH, RETARDATION AND HOSPITALS INSITUATIONS

Adolph Meyer Bldg.	208 patients
Regan Building	297 patients
Varley	22 patients
Mathias	167 patients
Pinel	34 patients
Virks	62 patients

PUBLIC SCHOOLS

Cranston High School East
899 Park Ave
270-8126
Pop. 1541 students Teachers/Staff: 147

Garden City
70 Plantation Dr.
270-8073
Students: 316 Staff: 35

Cranston High School West
80 Metropolitan Ave
270-8049
Pop. 1700 students Teachers/Staff: 160

Gladstone St.
50 Gladstone St.
270-8080
Students: 500 Staff: 55

Middle Schools
Hugh B. Bain
135 Gansett Ave
270-8010
Students: 738 Teachers/Staff: 100

Glen Hills
Glen Hills Dr.
270-8005
Students: 353 Staff: 67

Park View
25 Park View Blvd.
270-8090

John W. Horton
1196 Park Ave.
270-8056
Students 145 Staff: 36

Students: 950 Teachers/Staff: 120

CITY OF CRANSTON

Locations Requiring Special Warning Continued

Western Hills 400 Phenix Ave 270-8030 Students: 1183 Staff:137	Norwood Ave. School 205 Norwood Ave 270-8108 Students 135 Staff: 40
Elementary Schools Arlington School 155 Princess Ave 270-8179 Students: 140 Staff: 16	Oaklawn 36 Stoneham 270-8004 Students: 309 Staff:45
Chester Burrows 9 Beachmont Ave 270-8160 Students: 242 Staff: 20	George Peters 15 Mayberry St. 270-8110 Students 285 Staff 35
Wm. Dutemple 32 Garden St. 270-8104 Students:283 Staff: 44	Edw. Rhodes 160 Shaw Ave. 270-8188 Students: 197 Staff: 45
Eden Park 180 Oakland Ave 270-8029 Students: 291 Staff: 30	Stadium School 100 Crescent Ave. 270-8022 Students: 253 Staff:30
Edgewood Highlands 160 Pawtuxet Ave 270-8065 Students 243 Staff: 51	Daniel Waterman 722 Pontiac Ave 270-8013 Students: 214 Staff: 30
	Woodridge 401 Budlong Rd. 270-8007 Students: 242 Staff:25

CITY OF CRANSTON

Locations Requiring Special Warning Continued

PRIVATE RELIGIOUS SCHOOLS

Cranston-Johnston Catholic Regional (CJCR) 43 Poplar Dr. 942-7245 Students: 456 Staff: 40	St. Paul School 1789 Broad St. 941-2030 Students 205 Staff:18
St. Mary's School 85 Chester Ave. 944-4107 Students: 271 Staff: 26	Temple Torat Yisrael Hebrew School 330 Park Ave. 785-1890 up to 545
St. Matthew School 1301 Elmwood Ave. 981-8954 Students 200 Staff: 18	

CORRECTIONAL FACILITIES

High Security (Super Max) 464-2028	101
Maximum Security 1391 Pontiac Ave 464-2677	370
Special Needs Goddard Ct. 464-2021	341
Medium Security West Rd. 464-3700	962
Minimum Security 40 Howard Ave. 464-2162	647
Jonathan Arnold Wilma Schlesler Lane 464-2361	122

CITY OF CRANSTON
Locations Requiring Special Warning Continued

Dix Building
Wilma Schlesler Lane

82

Intake Service Center
Howard Ave.
464-2285

985

CITY OF CRANSTON

RADIOLOGICAL MATERIALS USERS

[illegible]

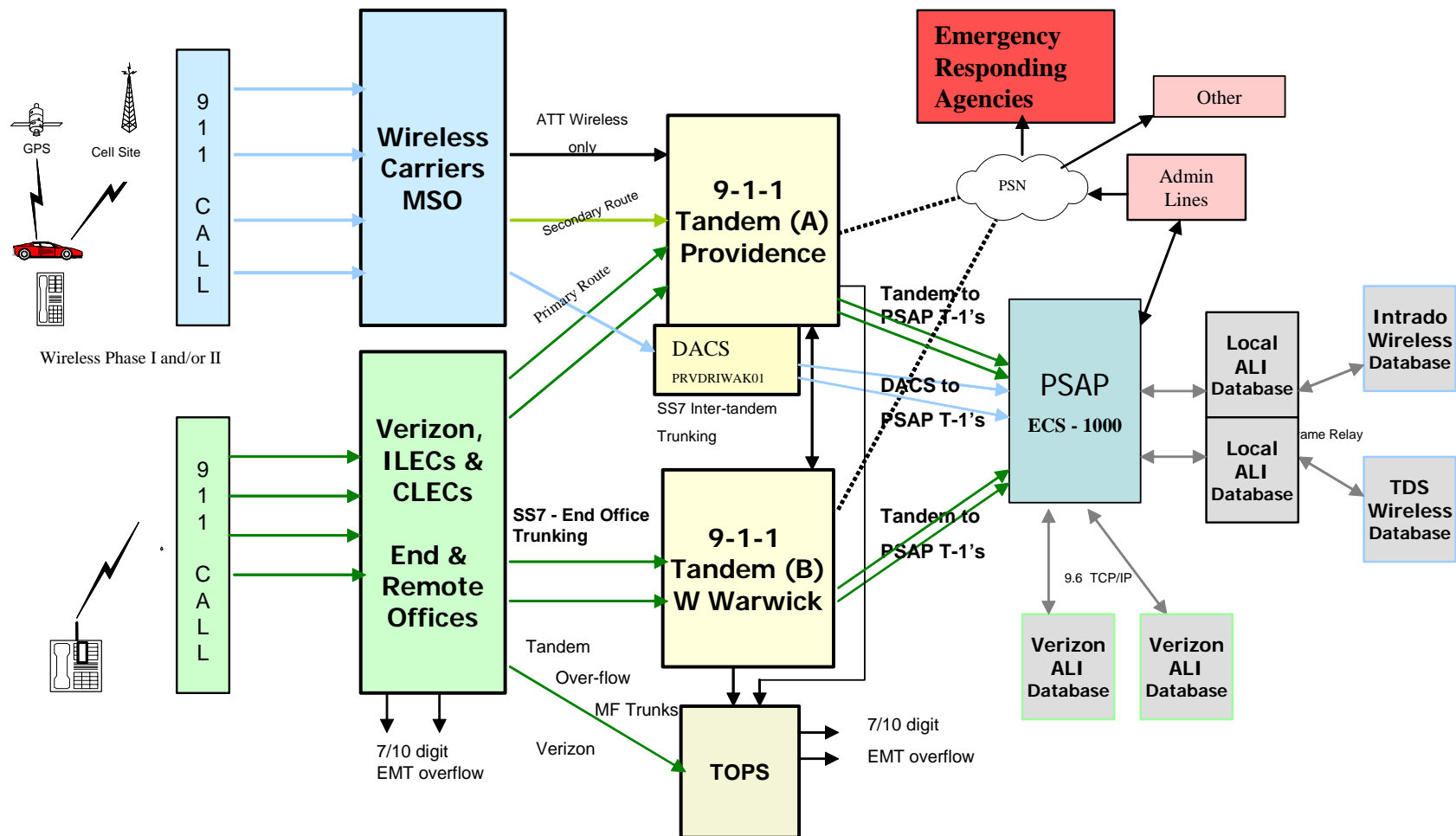
CITY OF CRANSTON

EVACUATION SIGNS

CITY OF CRANSTON
EVACUATION ROUTES

State of Rhode Island

E 9-1-1 Enhanced Network Configuration



CITY OF CRANSTON POTENTIAL AREAS OF TERRORISM AND WMD VULNERABILITY

TRAFFIC

- Interstate and State Highways
 - I-95
 - I-295
 - 10
 - 37

BRIDGES

- Park Avenue bridge over railroad tracks
- Numerous highway bridges
- Broad Street over the Pawtuxet River

TRANSPORT

- Amtrak Railroad lines near Wellington Avenue
- Graylawn Foods/TCL Trucking, 999 Pontiac Ave.
- Airborne Express, 33 Sharpe Drive
- Twenty (20) retail gasoline stations

WATERWAYS

- Pawtuxet River
- Pawtuxet Cove

AIRPORTS

- State airport in Warwick has flight paths over Cranston

GOVERNMENT FACILITIES

- RI Emergency Management Agency/Command Readiness Center
- Naval Reserve Center
- US Senator Reed's Office, 201 Hillside Road
- Cranston City Hall
- Cranston Police Station
- Cranston Fire Stations
- RI State Prison and General Hospital
- IMH Power Generation Plant
- Providence Water Supply aquifer on Scituate Avenue

ASSEMBLY/RECREATION FACILITIES

- Cranston Stadium
- Cranston Ice Rink
- Rhodes on the Pawtuxet

COMMUNICATIONS FACILITIES

- WJAR Television Studios
- Cox Communications

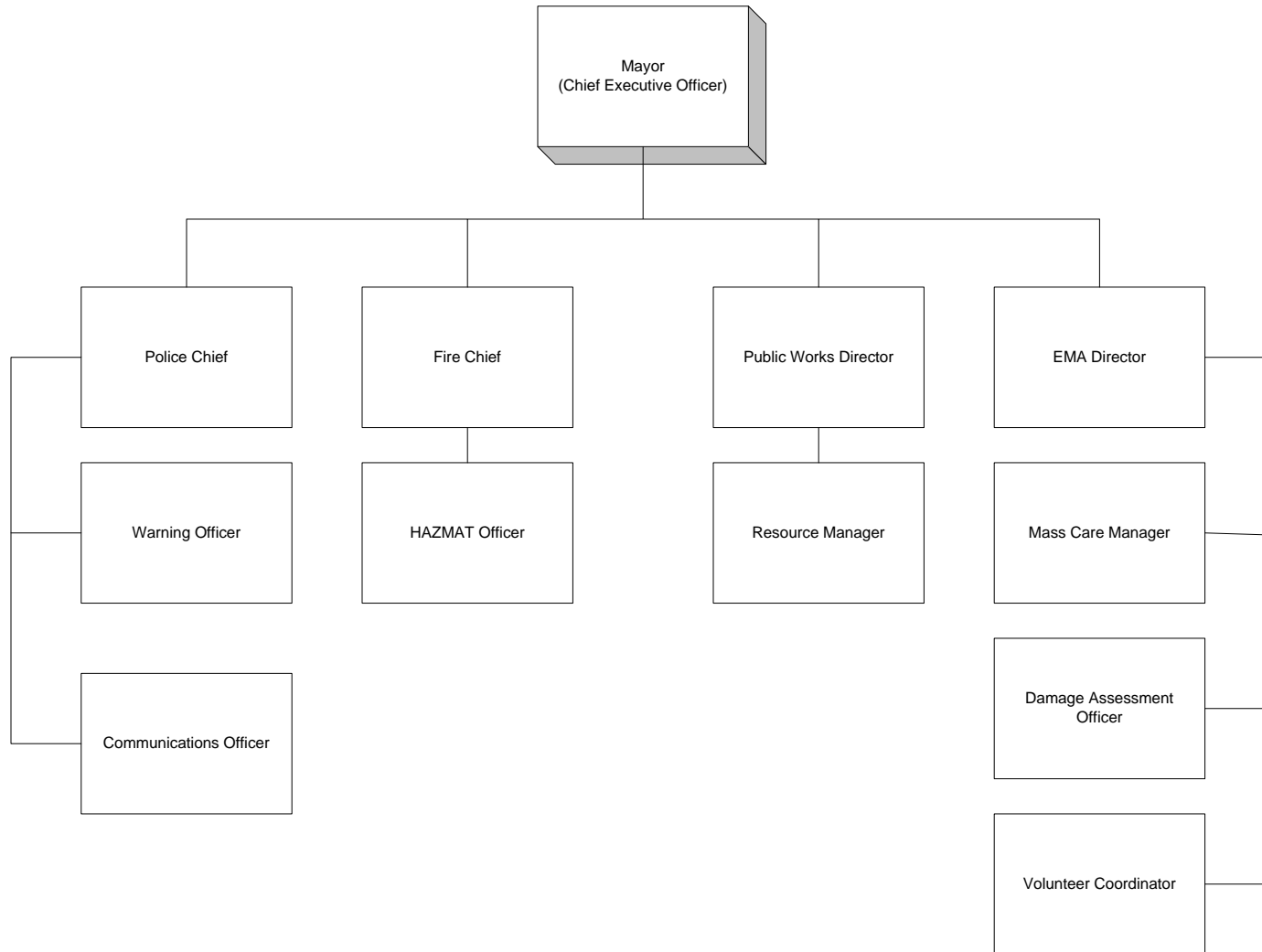
**City of Cranston
EMERGENCY OPERATIONS PLAN (EOP)**



**APPENDIX 2
CONTACT LISTS AND RESOURCE LISTINGS
(HUMAN AND MATERIALS)**

**City of Cranston
Emergency Management Agency**

CITY OF CRANSTON
EMERGENCY RESPONSE TEAM



CITY OF CRANSTON
EMERGENCY RESPONSE TEAM
(FOR CONFIDENTIAL CALLBACK ROSTER)

Emergency Management Director: Robert Warren

Law Enforcement: Col. Michael Chalek

Fire Department: Robert Warren

Public Works: Marco Schiappa

Communications Officer: Joseph DelGuidice

Warning Officer: Police Dispatcher

Public Information Officer: Mayor's Office

EOC Manager: Robert Warren

Resource Manager: Capt. Ron Blackmar

Community (HAZMAT) Emergency Coordinator: D/C James Gumbley

Evacuation Coordinator: As Assigned

Mass Care Coordinator: Deborah St. Peter

Health and Medical Coordinator: D/C Leo Kennedy

Volunteer Coordinator: _____

(Full Document with all contact numbers is separately maintained)

CITY OF CRANSTON AGENCY CONTACT LIST

Agency	Phone Number	Purpose
RIEMA	946-9996	24/7 Voice
RIEMA	944-1891	FAX
Transportation Management Center	222-5175	DOT Motorist Advisory Radio and Electronic Road Signs
City Hall	461-1000	
Fire Department HQ	461-5000	Dispatch
EMS	461-5000	Dispatch
Police Department	942-4211	Dispatch & Alternate EOC
Director Public Buildings	641-1441	EOC Emergency Power Assistance
EOC	942-2211	Public Calls to EOC
Narragansett Electric Company	(800) 264-9096	Cut off power to risk areas
Narragansett Electric Company	(800) 322-3223	Business
New England Gas	(401) 333-6800	Natural Gas Service
Verizon	(800) 941-9900	Telephone Service
Cox Cable	(401) 383-7150	CATV Service
National Response Center	(800) 424-8802 (202) 267-2675	Oil & Chemical spill reporting, Federal On-Scene Coordinator
CHEMTREC	(800) 424-9300	Chemical Transportation Emergency Center - resource

CITY OF CRANSTON

TV & PRINT MEDIA CONTACT LIST

Type	Media Outlet	Main #	Newsroom #	FAX #
Print	Providence Journal	277-7300	277-7303	277-7346
	Portuguese Times	(508) 997-3118		
	The Coventry Courier			
	Cranston Herald			
	East Greenwich Pendulum			
	Newport Daily News			
	Newport This Week			
	The Standard-Times (NK)			
	The Times (Pawtucket)			
	Sakonnet Times (Ports.)			
	Providence Phoenix			
	Providence Business News			
	The Narragansett Times			
	Warren Times-Gazette			
	Warwick Beacon			
	The Westerly Sun			
	Woonsocket Call			
	The Chariho Times (Wyoming)			
TV	WLNE (CH 6)	453-8000	453-8044	331-4431
	WPRI (CH 12)		438-3310	331-1012
	WJAR (CH 10)		455-9105	455-9140

CITY OF CRANSTON

RADIO BROADCAST MEDIA CONTACT LIST

WADK	1540 AM	Newport	846-1540	Variety
WADK	99.3 FM	Block Island	846-1540	Nostalgia
WAKX	102.7 FM	Narragansett Pier	888 224-1063	Hip Hop
WALE	990 AM	Greenville	521-0990	Talk
WARV	1590 AM	Warwick	737-0700	Religious
WBLQ	88.1 FM	Westerly	322-1743	Variety
WBRU	95.5 FM	Providence	272-9550	Modern Rock
WCRI	95.9 FM	Block Island		Classical
WCTK	98.1 FM	Providence	467-4366 (fax 941-2795)	Country
WCVY	91.5 FM	Coventry	821-8540	Variety
WDDZ	550 AM	Pawtucket	722-0839	Children's
WDOM	91.3 FM	Providence	865-2460	Variety
WELH	88.1 FM	Providence	274-7378	Alternative
WHJJ	920 AM	Providence	438-6110 (news 438-6383)	Talk
WHJY	94.1 FM	Providence	438-6110	Rock
WJHD	90.7 FM	Portsmouth	638-2000	Variety
WJJF	1180 AM	Hope Valley		Country
WJMF	88.7 FM	Smithfield	232-6044	Silent
WKKB	100.3 FM	Middletown	(508) 999-6690 (fax 508 999-1420)	Rock
WLKW	1450 AM	West Warwick	941-4700	Nostalgia
WNRI	1380 AM	Woonsocket	769-6925	Talk
WOON	1240 AM	Woonsocket	762-1240	Easy Listening
WPMZ	1110 AM	East Providence	726-8413	Spanish
WPRO	630 AM	Providence	433-4200 (news 433-2200)	News/Talk
WPRO	92.3 FM	Providence	433-4200 (fax 433-5967)	Top-40
WQRI	88.3 FM	Bristol	Roger Williams University	Modern Rock
WRIB	1220 AM	Providence	434-0406 (fax 434-0409)	Ethnic
WRIU	90.3 FM	Kingston	874-4949	Variety
WRNI	1290 AM	Providence	861-8147	Public Radio
WSKO	790 AM	Providence	433-4200 (fax 437-3297)	Sports

CITY OF CRANSTON

RADIO BROADCAST MEDIA CONTACT LIST CONTINUED

WSKO	99.7 FM	Wakefield-Peacedale	433-4200	Sports
WSNE	93.3 FM	Providence	438-9300	Adult Contemporary
WWBB	101.5 FM	Providence	781-9979	Oldies
WWKX	106.3 FM	Woonsocket	723-0746	Hip Hop
WWLI	105.1 FM	Providence	433-4200	Adult Contemporary
WWRX	103.7 FM	Westerly	273-6397	Alternative
WWHQ	105.9 FM	Newport	847-1955	Variety
WXNI	1230 AM	Westerly	351-2800	Public Radio

CITY OF CRANSTON

RADIOLOGICAL MONITORING EQUIPMENT

[illegible]

CITY OF CRANSTON COMMUNICATIONS RESOURCES

[illegible]

**City of Cranston
EMERGENCY OPERATIONS PLAN (EOP)**



**APPENDIX 3
STANDARD OPERATING PROCEDURES,
CHECKLISTS, STANDING ORDERS**

**City of Cranston
Emergency Management Agency**

CITY OF CRANSTON

SOP, CHECKLIST AND STANDING ORDER INDEX

[illegible]

**City of Cranston
EMERGENCY OPERATIONS PLAN (EOP)**



**APPENDIX 4
MEMORANDUMS OF UNDERSTANDING,
MUTUAL AID AGREEMENTS**

**City of Cranston
Emergency Management Agency**

**CITY OF CRANSTON
MEMORANDUMS OF UNDERSTANDING,
MUTUAL AID AGREEMENTS**

[illegible]

City of Cranston
EMERGENCY OPERATIONS PLAN (EOP)



APPENDIX 5
SAMPLE FORMS

City of Cranston
Emergency Management Agency

CITY OF CRANSTON

(Mayor's Letterhead)

DECLARATION OF LOCAL DISASTER EMERGENCY*

WHEREAS, the City of Cranston on the ____ day of _____, 20____, has suffered widespread or severe damage, injury, or loss of life or property (or there is imminent threat of same) resulting from _____ and,

WHEREAS, the Mayor of the City of Cranston has determined that extraordinary measures must be taken to alleviate the suffering of people and to protect or rehabilitate property;

Now therefore, be it proclaimed by the Mayor for the City of Cranston:

Section 1 - A state of emergency is declared for the City of Cranston.

Section 2 - The City's Emergency Operations Plan has been implemented.

Section 3 - That the state of state of emergency shall continue for a period of not more than seven days of the date hereof, unless the same is continued by consent of the City Council of the City of Cranston, Rhode Island.

Section 4 - This proclamation shall take effect immediately from and after its issuance.

ORDERED this the ____ day of _____, 20____.

Mayor
City of Cranston, Rhode Island

Chapter 30-15, Emergency Management Section 13:

§ 30-15-13 Local disaster emergencies. – (a) A local disaster emergency may be declared only by the principal executive officer of a political subdivision. It shall not be continued or renewed for a period in excess of seven (7) days except by or with the consent of the governing board of the political subdivision. Any order or proclamation declaring, continuing, or terminating a local disaster emergency shall be given prompt and general publicity and shall be filed promptly with the city or town clerk.

(b) The effect of a declaration of a local disaster emergency is to activate the mitigation response and recovery aspects of any and all applicable local disaster emergency plans and to authorize the furnishing of aid and assistance thereunder.

CITY OF CRANSTON

SAMPLE HAZMAT EBS MESSAGES

SHELTER IN PLACE MESSAGE

"At _____ (time) today, local authorities reported a chemical accident at _____. All persons in _____ (name of areas) should remain inside their homes or some other closed building until you receive further instructions that it is safe to go outside. If you are in this area, turn off heating and cooling systems and window or attic fans. Close all window, doors, and vents and cover cracks with tape or wet rags. Keep your pets inside.

Again, please stay inside until the all clear is given. Do not use the telephone unless you have an emergency. Stay tuned to this station for further information."

ALL CLEAR MESSAGE

"The chemical emergency at _____ (location) is now over. Please open your windows and doors to ventilate the building. It is now safe to go outdoors."

EVACUATION MESSAGE

"At _____ (time) today, local authorities announced a chemical emergency at _____ (facility) in Cranston. All persons in the _____ (identify areas) should evacuate the area in an orderly manner. The following route(s) should be used _____ (evacuation routes from the facility Emergency Response Plan).

School officials have made arrangements to evacuate students to _____ (a safe location). Parents should not drive to the school to pick up their children.

If you are disabled, please call Cranston Police at <phone number> for transportation assistance."

American Red Cross

DISASTER SHELTER REGISTRATION

Family Last Name			
Names	Age	Medical Problem Killed Injured Hospitalized	Referred To Nurse
Man			
Woman (Include Maiden Name)			
Children in Home			
Family Member not in Shelter (Location if Known)			

SHELTER MASTER FILE

Shelter Location	
Shelter Telephone No.	Date of Arrival
Predisaster Address and Telephone No.	

I ☐ do, ☐ do not, authorize release of the above Information concerning my whereabouts or general condition.

Signature

Date Left Shelter _____

Time Left Shelter _____

Postdisaster Address and Telephone Number

AMERICAN RED CROSS FORM 5972 (5-79)

American Red Cross

DISASTER SHELTER REGISTRATION

Family Last Name			
Names	Age	Medical Problem Killed Injured Hospitalized	Referred To Nurse
Man			
Woman (Include Maiden Name)			
Children in Home			
Family Member not in Shelter (Location if Known)			

SHELTER MASTER FILE

Shelter Location	
Shelter Telephone No.	Date of Arrival
Predisaster Address and Telephone No.	

I ☐ do, ☐ do not, authorize release of the above Information concerning my whereabouts or general condition.

Signature

Date Left Shelter _____

Time Left Shelter _____

Postdisaster Address and Telephone Number

AMERICAN RED CROSS FORM 5972 (5-79)

CITY OF CRANSTON
DEPARTMENT OF _____
EMERGENCY CALLBACK ROSTER
(CONFIDENTIAL)

[illegible]

**CITY OF CRANSTON
HEALTH AND MEDICAL SERVICES**

LOG OF REQUESTS FOR MEDICAL TRANSPORTATION OR ASSISTANCE

[illegible]

CITY OF CRANSTON HEALTH AND MEDICAL SERVICES FOLLOW-UP TABLE

[illegible]

CITY OF CRANSTON
HEALTH AND MEDICAL SERVICES
NEEDS REQUEST FORM (SUPPLIES AND RESOURCES)

[illegible]

CITY OF CRANSTON

HEALTH AND MEDICAL SERVICES

PRIORITIZATION GRID:
(WHAT NEEDS REQUESTS ARE FULFILLED IN WHAT ORDER?)

CLASS	PRIORITY 1	PRIORITY 2	PRIORITY 3
Life or death			
Safety			
Rescue			
None left			
Necessary			
Cost			

CLASS	PRIORITY 1	PRIORITY 2	PRIORITY 3
Life or death			
Safety			
Rescue			
None left			
Necessary			
Cost			

CLASS	PRIORITY 1	PRIORITY 2	PRIORITY 3
Life or death			
Safety			
Rescue			
None left			
Necessary			
Cost			

CLASS	PRIORITY 1	PRIORITY 2	PRIORITY 3
Life or death			
Safety			
Rescue			
None left			
Necessary			
Cost			

CITY OF CRANSTON
HEALTH AND MEDICAL SERVICES
SAMPLE PATIENT/CASUALTY TRACKING SYSTEM INTAKE FORM

[illegible]

CITY OF CRANSTON HEALTH AND MEDICAL SERVICES

REQUEST FORM

What is needed? _____
(Include Brand and identification or model number and any other information to aid procurement)

Why needed? (Justification Statement): _____

Quantity? _____
(Please specify size, do you need one inch or three inch bandages, what type blood is needed, would battery operated lighting suffice?)

Who needs it? _____
(Please determine the name of requester; contact delivery person, telephone number in case there are questions)

Delivery this order to: _____

Contact name:

Phone Number:

(Exact address with directions around closed roads and bridges; fax checkpoint pass to shipper to expedite delivery)

When needed? _____
(Identify the urgency of need, knowing the time of expected delivery could be useful to all concerned and that certain late deliveries could be of little or no use)

Date & Time Request Number Needs Group Signature

Callback number: _____

Fax number: _____

Email address _____

CITY OF CRANSTON

RESOURCE REQUEST FORM

1. What is needed: _____

(Include brand identification, model number and any other information to aid procurement)

2. Why? (Justification Statement): _____

3. Quantity: _____

(Please be specific, i.e. do you need blocks or bags of ice; gallon or quart containers for water; 110V or 220V generators with loading requirements; amount of fuel needed with generators; electrician required for hook-up; etc...)

4. Requested By: _____

(Please provide the name of requester or a contact person with a telephone number in case there are questions)

5. Delivery Point:

Contact name:

Phone Number:

Address: _____

(Exact address with directions around closed roads and bridges; fax checkpoint pass to shipper to expedite delivery)

6. When it is needed: _____

(Requester should identify the urgency of need, setting time limits, if known)

Date	Time	Request Number	Needs Group	Signature
------	------	----------------	-------------	-----------

Callback number: _____

Fax number: _____

Email: _____

CITY OF CRANSTON RESOURCE REQUEST LOG

[illegible]

CITY OF CRANSTON

RESOURCE TRACKING SHEET

[illegible]

CITY OF CRANSTON DONATIONS MANAGEMENT SHEET

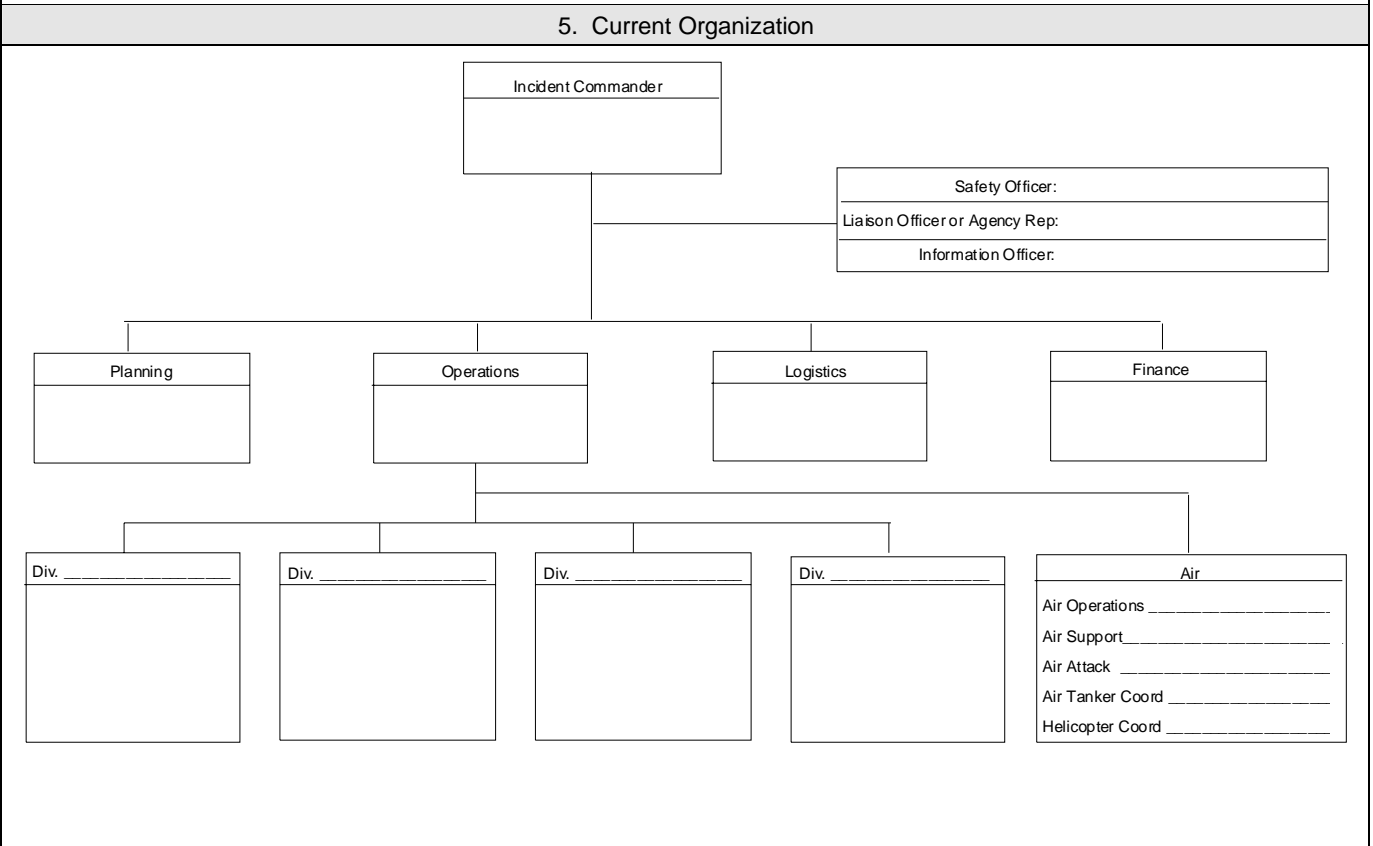
[illegible]

CITY OF CRANSTON
KEY POINTS OF CONTACT
(CONFIDENTIAL)

[illegible]

INCIDENT BRIEFING	1. Incident Name	2. Date	3. Time

4. Map Sketch



Page 2 of	6. Prepared by (Name and Position)
-----------	------------------------------------

6. Resources Summary

[illegible]

7. Summary of Current Actions

Patient Information	
Name	
Age	
Gender	
Address	
City	
State	
Zip	
Phone	
Medical History	
Allergies	
Current Medications	
Past Medical History	
Family History	
Social History	
Physical Examination	
Vital Signs	
Laboratory Tests	
Imaging Studies	
Diagnosis	
Treatment Plan	
Follow-up	

CITY OF CRANSTON
EMERGENCY PURCHASE ORDER

(PLACE HOLDER)

STATE OF RHODE ISLAND LOCAL GOVERNMENT SITUATION REPORT

TOWN _____ COUNTY _____ REPORT # _____ DATE _____

REPORTED BY _____ TELEPHONE _____ TIME _____

1. OVERALL EMERGENCY CONDITION (a) N/A _____ (b) Minor _____ (c) Significant _____ (d) Major _____

2. CASUALTIES (provide latest cumulative figures) (a) Fatalities _____ (b) Injuries _____ (c) Missing _____ (d) None _____

3. EOC ACTIVATION (a) Closed _____ (b) Partial _____ (c) Full _____

4. EMERGENCY ORDERS (a) Emergency Declared _____ (b) Evacuation Ordered / Recommended _____ (c) Curfew _____

(d) Driving Ban _____ (e) None _____

5. MUTUAL AID RECEIVED FROM (a) Police _____ (b) Fire _____ (c) Public Works _____ (d) Medical _____ (e) Other _____

(describe)

6. SHELTER STATUS

(a) Location _____ (b) Open/Closed (c) # People _____ (d) Managed By (Red Cross or Local)

(a) Location _____ (b) Open/Closed (c) # People _____ (d) Managed By (Red Cross or Local)

7. DAM/RIVER STATUS

8. ROAD/BRIDGE STATUS

Road(s) (a) Blocked _____ (b) Washed out _____ (c) Flooded _____ (d) Closed (Give Location) _____

Bridge(s) (a) Blocked _____ (b) Washed out _____ (c) Flooded _____ (d) Closed (Give Location) _____

9. DAMAGE REPORT	Minor*	Significant*	Major*	Minor*	Significant*	Major*
a. Residential	_____	_____	_____	e. Sewer Plant	_____	_____
b. Business	_____	_____	_____	f. Debris	_____	_____
c. Municipal Bldgs	_____	_____	_____	g. Power Outages	_____	_____
d. Water Supply	_____	_____	_____	h. Phone Outages	_____	_____

* Check one or give numbers if available.

10. REMARKS:

11. ASSISTANCE REQUESTED:

Name/Title of Contact: _____ Telephone: _____

SITUATION REPORT GUIDANCE

The following guidance is to assist local officials in completing "Local Government Situation Report".

Items I and 9 of the Situation Report use the designations of "Minor", "Significant", or "Major". Use of these designations is intended to facilitate Situation Reports, not complicate them. Therefore, local officials are cautioned not to spend a lot of time deciding if, for example, conditions are minor, significant, or major. Provide a reasonable assessment based on available information and modify it as the situation becomes clearer. Generally speaking, however, if there is question or doubt regarding a particular designation or item on the report form, it is recommended that the least serious designation be utilized and then upgraded in a subsequent report if necessary.

SITUATION REPORT ITEMS

- I. Overall Emergency Condition: Check one designation (N/A-not applicable, Minor, Significant, Major as described below:

N/A	No significant emergency operations underway or necessary.
Minor	Only partial EOC activation, if at all; local emergency response forces are involved in emergency operations but the situation is clearly manageable; no mutual aid necessary; no declarations of emergency; physical damage generally minor; only small-scale shelter operations, if any; power/telephone outages expected to be of short duration.
Significant	A significant event which fully or almost fully involves local emergency response forces (chief executive, police, fire, public works). A full scale or partial EOC activation is generally associated with this event level. The need for mutual aid or state aid, if there is such a need, is not obvious, although some form of assistance might eventually be needed. A state of emergency is not usually declared. The local emergency response system is strained but not overwhelmed. Some moderate physical damage and power/telephone outages are usually associated with this event level, as are shelter operations.
Major	Mutual aid needed; direct state and/or federal support needed to some degree; may be casualties; possibly some search and rescue operations; damage to many homes, businesses and other facilities, with possible destruction of some; restricted areas established; shelter operations ongoing, state of emergency declared, EOC fully activated, widespread power and telephone outages, some areas inaccessible by vehicles.
 2. Casualties: Provide the best estimate of disaster related casualties. Provide latest cumulative figures, not an update from the previous Situation Report.
 3. EOC Activation : Indicate if the local EOC is closed, partially activated, or fully activated. Partially Activated means that only a few key agencies are represented in the EOC. Fully activated means that all key agencies are represented in the EOC on a 24-hour a day basis.
 4. Emergency Orders: Indicate any emergency orders or declarations issued by the Chief Elected Official (State of Emergency declared, Evacuation ordered, Driving Ban or Curfews in effect, etc.).
-

5. Mutual Aid Received From: Indicate any mutual aid being received from other towns or cities (not the state).
6. Shelter Status: Indicate all public shelters that are currently open or give time when shelters will open or close; name and location of shelter, the number of people in the shelter, and who is managing the shelter (Red Cross, local Fire Department, etc.).
7. Dams/Rivers Status: List the name of any rivers approaching flood stage or currently flooding. List the name of any dams that are threatened or breached.
8. Roads/Bridges Status: Describe the impact of floodwaters on the local road system or bridges (both state and locally maintained) and the extent to which roads and bridges have been made impassable by downed trees, wires, or other debris.
9. Damage Report: Check one designation. Give numbers under #10 (remarks) if available.

	Minor	Significant	Major
Residential	No significant structural damage. Damages limited to broken glass, Shingle loss, basement flooding.	Few if any units severely Damaged. Structural damage limited to Generally limited to non-Living space areas.	Severe structural damage Or destruction of many residential units.
Business	No significant structural Damage. Damages limited to broken glass, shingles, and/or signs, flooding.	Few (if any) businesses severely damaged or requiring long term closures.	Severe structural damage or destruction of many businesses.
Municipal Bldgs.	No significant structural damage. Damages limited to broken glass, shingles, and/or signs flooding.	Damage to one key or several non-critical public buildings. Building use restricted or closed.	Severe structural damage or destruction resulting in loss of building for an extended period of time.
Water Supply	Loss of private wells due to minor power outages.	Temporary loss of a major public water supply due to contamination/damage to distribution system.	Extensive damage to a public water supply, rendering* it unusable for several days or longer.
Sewer Plant	Loss of grinder pumps due to minor power outages.	Loss of pump stations due to power outages or damage to system.	Extensive damage to a sewer plant or distribution system; loss of system.
Debris	Debris due to fallen trees, branches, utility poles (or other debris) manageable By local forces.	Debris significant but manageable by local forces. Some roads temporarily closed.	Numerous roads closed due to significant debris, local forces need assistance.
Power Outages	Individual streets or homes without power.	Up to 50% of the town without electrical power.	Nearly all of the town without electrical power.
Telephone Outages	Individual streets or homes without phones.	Up to 50% of the town without phones.	Nearly all of the town. without phones.

10. Remarks: Provide any pertinent information which you feel State officials should be aware of regarding the situation in the community. Provide figures for in #9 (Damage Report), if available.
11. Assistance Requested: Indicate what type of assistance the community requires, if any, and a local point of contact (name/title and telephone) for coordination purposes.

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name _____ Street _____ City _____ County _____ State _____ Zip _____ SIC Code _____ Dun & Brad Number _____		Owner/Operator Name Name _____ Phone () _____ Mail Address _____														
	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> FOR OFFICIAL USE ONLY </div> <div> ID# _____ Date Received _____ </div> </div>		Emergency Contact Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____ Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____														
	<div style="display: flex; justify-content: space-between;"> <div> Important: Read all instructions before completing form </div> <div> Reporting Period From January 1 to December 31, 19 _____ </div> <div> <input type="checkbox"/> Check if information below is identical to the information submitted last year. </div> </div>																
Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	Inventory	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	Optional												
CAS _____ Trade Secret _____ Chem. Name _____ Check all that apply <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EHS Name _____ <div style="display: flex; justify-content: space-around; font-size: small;"> PureMixSolidLiquidGasEHS </div>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>													_____ _____ _____ _____	<input type="checkbox"/>
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Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.					Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguards measures												
<div style="display: flex; justify-content: space-between;"> <div> Name and official title of owner/operator OR owner/operator's authorized representative _____ </div> <div> Signature _____ </div> <div> Date signed _____ </div> </div>																	

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name _____ Street _____ City _____ County _____ State _____ Zip _____ SIC Code _____ Dun & Brad Number _____		Owner/Operator Name Name _____ Phone () _____ Mail Address _____																									
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 55%; text-align: left; padding: 5px;"> Confidential Location Information Sheet </th> <th style="width: 10%; text-align: center; padding: 5px;"> Container Type </th> <th style="width: 10%; text-align: center; padding: 5px;"> Pressure </th> <th style="width: 10%; text-align: center; padding: 5px;"> Temperature </th> <th style="width: 15%; text-align: center; padding: 5px;"> Storage Codes and Locations (Confidential) <i>Storage Locations</i> </th> <th style="width: 10%; text-align: center; padding: 5px;"> Optional </th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> CAS# Chem. Name _____ </td> <td style="text-align: center; padding: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </td> <td style="text-align: center; padding: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </td> <td style="text-align: center; padding: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </td> <td style="padding: 5px;"> _____ _____ _____ _____ </td> <td style="text-align: center; padding: 5px;"> <input type="checkbox"/> </td> </tr> <tr> <td style="padding: 5px;"> CAS# Chem. Name _____ </td> <td style="text-align: center; padding: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </td> <td style="text-align: center; padding: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </td> <td style="text-align: center; padding: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </td> <td style="padding: 5px;"> _____ _____ _____ _____ </td> <td style="text-align: center; padding: 5px;"> <input type="checkbox"/> </td> </tr> <tr> <td style="padding: 5px;"> CAS# Chem. Name _____ </td> <td style="text-align: center; padding: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </td> <td style="text-align: center; padding: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </td> <td style="text-align: center; padding: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </td> <td style="padding: 5px;"> _____ _____ _____ _____ </td> <td style="text-align: center; padding: 5px;"> <input type="checkbox"/> </td> </tr> </tbody> </table>					Confidential Location Information Sheet	Container Type	Pressure	Temperature	Storage Codes and Locations (Confidential) <i>Storage Locations</i>	Optional	CAS# Chem. Name _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	_____ _____ _____ _____	<input type="checkbox"/>	CAS# Chem. Name _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	_____ _____ _____ _____	<input type="checkbox"/>	CAS# Chem. Name _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	_____ _____ _____ _____	<input type="checkbox"/>
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EPA TIER TWO INSTRUCTIONS

GENERAL INFORMATION

Submission of this Tier Two form (when requested) is required by Title III of the Superfund Amendments and Reauthorization Act of 1986, Section 312, Public Law 99-499, codified at 42 U.S.C. Section 11022. The purpose of this Tier Two form is to provide State and local officials and the public with specific information on hazardous chemicals present at your facility during the past year.

CERTIFICATION

The owner or operator or the officially designated representative of the owner or operator must certify that all information included in the Tier Two submission is true, accurate, and complete. On the first page of the Tier Two report, enter your full name and official title. Sign your name and enter the current date. Also, enter the total number of pages included in the Confidential and Non-Confidential Information Sheets as well as all attachments. An original signature is required on at least the first page of the submission. Submissions to the SERC, LEPC, and fire department must each contain an original signature on at least the first page. Subsequent pages must contain either an original signature, a photocopy of the original signature, or a signature stamp. Each page must contain the date on which the original signature was affixed to the first page of the submission and the total number of pages in the submission.

YOU MUST PROVIDE ALL INFORMATION REQUESTED ON THIS FORM TO FULFILL TIER TWO REPORTING REQUIREMENTS.

This form may also be used as a worksheet for completing the Tier One form or may be submitted in place of the Tier One form.

WHO MUST SUBMIT THIS FORM

Section 312 of Title III requires that the owner or operator of a facility submit their Tier Two form if so requested by a State emergency response commission, a local emergency planning committee, or a fire department with jurisdiction over the facility.

This request may apply to the owner or operator of any facility that is required, under regulations implementing the Occupational Safety and Health Act of 1970, to prepare or have available a Material Safety Data Sheet (MSDS) for a hazardous chemical present at the facility. MSDS requirements are specified in the Occupational Safety and Health Administration (OSHA) Hazard Communication Standard, found in Title 29 of the Code of Federal Regulations at §1910.1200.

This form does not have to be submitted if all of the chemicals located at your facility are excluded under Section 311(e) of Title III.

WHAT CHEMICALS ARE INCLUDED

If you are submitting Tier Two forms in lieu of Tier One, you must report the required information on this Tier Two form for each hazardous chemical present at your facility in quantities equal to or greater than established threshold amounts (discussed below), unless the chemicals are excluded under Section 311(e) of Title III. Hazardous chemicals are any substance for which your facility must maintain an MSDS under OSHA's Hazard Communication Standard.

If you elect to submit Tier One rather than Tier Two, you may still be required to submit Tier Two information upon request.

WHAT CHEMICALS ARE EXCLUDED

Section 311(e) of Title III excludes the following substances:

- Any food, food additive, color additive, drug, or cosmetic regulated by the Food and Drug Administration:
- Any substance present as a solid in any manufactured item to the extent exposure to the substance does not occur under normal conditions of use;
- Any substance to the extent it is used for personal, family, or household purposes, or is present in the same form and concentration as a product packaged for distribution and use by the general public;
- Any substance to the extent it is used in a research laboratory or a hospital or other medical facility under the direct supervision of a technically qualified individual;
- Any substance to the extent it is used in routine agricultural operations or is a fertilizer held for sale by a retailer to the ultimate customer.

OSHA regulations, Section 1910.1200(b), stipulate exemptions from the requirement to prepare to have available an MSDS.

REPORTING THRESHOLDS

Minimum thresholds have been established for Tier One/ Tier Two reporting under Title III, Section 312. These thresholds are as follows:

For Extremely Hazardous Substances (EHSs) designated under Section 302 of Title III, the reporting threshold is 500 pounds (or 227 kg.) or the threshold planning quantity (TPQ), whichever is lower.

For all other hazardous chemicals for which facilities are required to have or prepare an MSDS, the minimum reporting threshold is 10,000 pounds (or 4,540 kg.).

You need to report hazardous chemicals that were present at your facility at any time during the previous calendar year at levels that equal or exceed these thresholds. For instructions on threshold determinations for components of mixtures, see "What About Mixtures?" on page 2 of these instructions.

A requesting official may limit the responses required under Tier Two by specifying particular chemicals or groups of chemicals. Such requests apply to hazardous chemicals regardless of established thresholds.

INSTRUCTIONS

Please read these instructions carefully. Print or type all responses.

WHEN TO SUBMIT THIS FORM

Owners or operators of facilities that have hazardous chemicals on hand in quantities equal to or greater than set threshold levels must submit either Tier One or Tier Two forms by March 1.

If you choose to submit Tier One, rather than Tier Two, be aware that you may have to submit Tier Two Information later, upon request of any authorized official. You must submit the Tier Two form within 30 days of receipt of a written request.

WHERE TO SUBMIT THIS FORM

Send either a completed Tier One form or Tier Two form(s) to each of the following organizations:

Your State Emergency Response Commission.

Your Local Emergency Planning Committee.

The fire department with jurisdiction over your facility.

If a Tier Two form is submitted in response to a request, send the completed form to the requesting agency.

PENALTIES

Any owner or operator who violates any Tier Two reporting requirements shall be liable to the United States for a civil penalty of up to \$25,000 for each such violation. Each day a violation continues shall constitute a separate violation.

If your Tier Two responses require more than one page, use additional forms and fill in the page number at the top of the form.

REPORTING PERIOD

Enter the appropriate calendar year, beginning January 1 and ending December 31.

FACILITY IDENTIFICATION

Enter the full name of your facility (and company identifier where appropriate).

Enter the full street address or state road. If a street address is not available, enter other appropriate identifiers that describe the physical location of your facility (e.g., longitude and latitude). Include city, county, state and zip code.

Enter the primary Standard Industrial Classification (SIC) code and the Dun & Bradstreet number for your facility. The financial officer of your facility should be able to provide the Dun & Bradstreet number. If your firm does not have this information, contact the State or regional office of Dun & Bradstreet to obtain your facility number or have one assigned.

OWNER/OPERATOR

Enter the owner's or operator's full name, mailing address, and phone number.

EMERGENCY CONTACT

Enter the name, title, and work phone number of at least one local person or office who can act as a referral if emergency responders need assistance in responding to a chemical accident at the facility.

Provide an emergency phone number where such emergency information will be available 24 hours a day, everyday. The requirement is mandatory. The facility must make some arrangement to ensure that a 24 hour contact is available.

IDENTICAL INFORMATION

Check the box indicating identical information, located below the emergency contacts on the Tier Two form, if the current chemical information being reported is identical to that submitted last year. Chemical descriptions, hazards, amounts, and locations must be provided in this year's form, even if the information is identical to that submitted last year.

CHEMICAL INFORMATION: Description, Hazards, Amounts, and Locations

The main section of the Tier Two form requires specific information on amounts and locations of hazardous chemicals, as defined in the OSHA Hazard Communication Standard.

If you choose to indicate that all of the information on a specific hazardous chemical is identical to that submitted last year, check the appropriate optional box provided at the right side of the storage codes and locations on the Tier Two form. Chemical descriptions, hazards, amounts, and locations must be provided even if the information is identical to that submitted last year.

What units should I use?

Calculate all amounts as *weight in pounds*. To convert gas or liquid volume to weight in pounds, multiply by an appropriate density factor.

What about mixtures?

If a chemical is part of a mixture, *you have the option* of reporting either the weight of the entire mixture or only the portion of the mixture that is a particular hazardous chemical (e.g., if a hazardous solution weighs 100 lbs. but is composed of only 5% of a particular hazardous chemical, you can indicate either 100 lbs. of the mixture or 5 lbs. of the chemical).

The option used for each mixture must be consistent with the option used in your Section 311 reporting.

Because EHSs are important to Section 303 planning, EHSs have lower thresholds. The amount of an EHS at a facility (both pure EHS substances and EHSs in mixtures) must be aggregated for purposes of threshold determination. It is suggested that the aggregation calculation be done as a first step in making the threshold determination. Once you determine whether a threshold for an EHS has been reached, you should report either the total weight of the EHS at your facility, or the weight of each mixture containing the EHS.

CHEMICAL DESCRIPTION

Enter the Chemical Abstract Service registry number (CAS). For mixtures, enter the CAS number of the mixture as a whole if it has been assigned a number distinct from its constituents. For a mixture that has no CAS number, leave this item blank or report the CAS numbers of as many constituent chemicals as possible.

If you are withholding the name of a chemical in accordance with criteria specified in Title III, Section 322, enter the generic class or category that is structurally descriptive of the chemical (e.g., list toluene diisocyanate as organic isocyanate) and check the box marked Trade Secret. Trade secret information should be submitted to EPA and must include a substantiation. Please refer to EPA's final regulation on trade secrecy (53 FR 28772, July 29, 1988) for detailed information on how to submit trade secrecy claims.

Enter the chemical name or common name of each hazardous chemical.

Check box for ALL applicable descriptors: pure or mixture; and solid, liquid, or gas; and whether the chemical is or contains an EHS.

If the chemical is a mixture containing an EHS, enter the chemical name of each EHS in the mixture.

EXAMPLE:

You have pure chlorine gas on hand, as well as two mixtures that contain liquid chlorine. You write "chlorine" and enter the CAS number. Then you check "pure" and "mix" -- as well as "liquid" and "gas".

PHYSICAL AND HEALTH HAZARDS

For each chemical you have listed, check all the physical and health hazard boxes that apply. These hazard categories are defined in 40 CFR 370.2. The two health hazard categories and three physical hazard categories are a consolidation of the 23 hazard categories defined in the OSHA Hazard Communication Standard, 29 CFR 1910.1200.

Hazard Category Comparison For Reporting Under Sections 311 and 312

<u>EPA's Hazard Categories</u>	<u>OSHA's Hazard Categories</u>
Fire Hazard	Flammable Combustion Liquid Pyrophoric Oxidizer
Sudden Release of Pressure	Explosive Compressed Gas
Reactive	Unstable Reactive Organic Peroxide Water Reactive
Immediate (Acute) Health Hazards	Highly Toxic Toxic Irritant Sensitizer Corrosive
	Other hazardous chemicals with an adverse effect with short term exposure
Delayed (Chronic) Health Hazard	Carcinogens
	Other hazardous chemicals with an adverse effect with long term exposure

MAXIMUM AMOUNT

For each hazardous chemical, estimate the greatest amount present at your facility on any single day during the reporting period.

Find the appropriate range value code in Table I.

Enter this range value as the Maximum Amount.

Table I REPORTING RANGES

Range Value	Weight Range in Pounds	
	From...	To...
01	0	99
02	100	999
03	1,000	9,999
04	10,000	99,999
05	100,000	999,999
06	1,000,000	9,999,999
07	10,000,000	49,999,999
08	50,000,000	99,999,999
09	100,000,000	499,999,999
10	500,000,000	999,999,999
11	1 billion	higher than 1 billion

If you are using this form as a worksheet for completing Tier One, enter the actual weight in pounds in the shaded space below the response blocks. Do this for both Maximum Amount and Average Daily Amount.

EXAMPLE:

You received one large shipment of a solvent mixture last year. The shipment filled five 5,000-gallon storage tanks. You know that the solvent contains 10% benzene, which is a hazardous chemical.

You figure that 10% of 25,000 gallons is 2,500 gallons. You also know that the density of benzene is 7.29 pounds per gallon, so you multiply 2,500 gallons by 7.29 pounds per gallon to get a weight of 18,225 pounds.

Then you look at Table I and find that the range value 04 corresponds to 18,225. You enter 04 as the Maximum Amount.

(If you are using the form as a worksheet for completing a Tier One form, you should write 18,255 in the shaded area.)

AVERAGE DAILY AMOUNT

For each hazardous chemical, estimate the average weight in pounds that was present at your facility during the year. To do this, total all daily weights and divide by the number of days the chemical was present on the site.

Find the appropriate range value in Table I.

Enter this range value as the Average Daily Amount.

EXAMPLE:

The 25,000-gallon shipment of solvent you received last year was gradually used up and completely gone in 315 days. The sum of the daily volume levels in the tank is 4,536,000 gallons. By dividing 4,536,000 gallons by 315 days on-site, you calculate an average daily amount of 14,400 gallons.

You already know that the solvent contains 10% benzene, which is a hazardous chemical. Since 10% of 14,400 is 1,440, you figure that you had an average of 1,440 gallons of benzene. You also know that the density of benzene is 7.29 pounds per gallon, so you multiply 1,440 by 7.29 to get a weight of 10,500 pounds.

Then you look at Table I and find that the range value 04 corresponds to 10,500. You enter 04 as the Average Daily Amount.

(If you are using the form as a worksheet for completing Tier One form, you should write 10,500 in the shaded area.)

NUMBER OF DAYS ON-SITE

Enter the number of days that the hazardous chemical was found on-site.

EXAMPLE:

The solvent composed of 10% benzene was present for 315 days at your facility. Enter 315 in the space provided.

STORAGE CODES AND STORAGE LOCATIONS

List all non-confidential chemical locations in the column, along with storage types/conditions associated with each location. Please note that a particular chemical may be located in several places around the facility. Each row of boxes followed by a line represents a unique location for the same chemical.

Storage Codes: Indicate the types and conditions of storage present:

Look at Table II. For each location, find the appropriate storage type and enter the corresponding code in the first box.

Look at Table III. For each location, find the appropriate storage types for pressure and temperature conditions. Enter the applicable pressure code in the second box. Enter the applicable temperature code in the third box.

Table II - STORAGE TYPES

CODES	Types of Storage
A	Above ground tank
B	Below ground tank
C	Tank inside building
D	Steel drum
E	Plastic or non-metallic drum
F	Can
G	Carboy
H	Silo
I	Fiber drum
J	Bag
K	Box
L	Cylinder
M	Glass bottles or jugs
N	Plastic bottles or jugs
O	Tote bin
P	Tank wagon
Q	Rail car
R	Other

Table III - PRESSURE AND TEMPERATURE CONDITIONS

CODES	Storage Conditions
	(PRESSURE)
1	Ambient pressure
2	Greater than ambient pressure
3	Less than ambient pressure
	(TEMPERATURE)
4	Ambient temperature
5	Greater than ambient temperature
6	Less than ambient temperature but not cryogenic
7	Cryogenic conditions

EXAMPLE:

The benzene in the main building is kept in a tank inside the building, at ambient pressure and less than ambient temperature.

Table II shows you that the code for a tank inside a building is C. Table III shows you that the code for ambient pressure is 1, and the code for less than ambient temperature is 6.

You enter:

C	1	6
---	---	---

STORAGE LOCATIONS:

Provide a brief description of the precise location of the chemical, so that emergency responders can locate the area easily. You may find it advantageous to provide the optional site plan or site coordinates as explained below.

For each chemical, indicate at a minimum the building or lot. Additionally, where practical, the room or area may be indicated. You may respond in narrative form with appropriate site coordinates or abbreviations.

If the chemical is present in more than one building, lot, or area location, continue your responses down the page as needed. If the chemical exists everywhere at the plant site simultaneously, you may report that the chemical is ubiquitous at the site.

Optional attachments: If you choose to attach one of the following, check the appropriate Attachments box at the bottom of the Tier Two form.

A site plan with site coordinates indicated for buildings, lots, areas, etc. throughout your facility.

A list of site coordinate abbreviations that correspond to buildings, lots, areas, etc. throughout your facility.

A description of dikes and other safeguard measures for storage locations throughout your facility.

EXAMPLE:

You may have benzene in the main room of the main building, and in tank 2 in tank field 10. You attach a site plan with coordinates as follows: main building = G-2, tank field 10 = B-6. Fill in the Storage Location as follows:

B-6 [Tank 2] G-2 [Main Room]

CONFIDENTIAL INFORMATION

Under Title III, Section 324, you may elect to withhold location information on a specific chemical from disclosure to the public. If you choose to do so:

Enter the word "confidential" in the Non-Confidential Location section of the Tier Two form on the first line of the storage locations.

On a separate Tier Two Confidential Location Information Sheet, enter the name and CAS number of each chemical for which you are keeping the location confidential.

Enter the appropriate location and storage information, as described above for non-confidential locations.

Attach the Tier Two Confidential Location Information Sheet to the Tier Two form. This separates confidential locations from other information that will be disclosed to the public.

CERTIFICATION

Instructions for this section are included on page one of these instructions.