

GUERNSEY COUNTY  
HAZARDOUS MATERIALS  
RESPONSE AND PREPAREDNESS PLAN

TAB 3-A

## INCIDENT INFORMATION SUMMARY FORM

Report Taken By:	Date/Time of Accident		
Agency/Department:	Reported By:		
Time/Date Received			
<b>INCIDENT INFORMATION</b>			
Nature of Accident			
Location of Accident			
Name(s) of Chemical Material			
Placard Name and Numbers			
Characteristics (Smell, Color, State, etc.)			
Container Type (Truck, Rail, Facility, Drum, etc.)			
Amount of Material Released Characteristics	Amount that May be Released		
Shipping Papers Information (Shipper, Manufacturer)			
Material Entering Air, Ground, Drains, etc.			
<b>Is there a Plume? (Color, Height, Odor, Direction, etc.)</b>			
Wind Speed	Wind Direction (from/to)	Temperature	Weather
Surroundings (Roads, Terrain, Streams, Sewers, Buildings, Bridges)			
Nearby Buildings (Schools, Homes, Nursing Homes, Offices)			

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Nearby Populations (Where, Numbers)
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**Agencies Contacted**

**Federal/National**

Agency	Telephone	Date	Time
*CHEMTREC	1-800-424-9300		
*NRC	1-800-424-8802		

**State**

Ohio EPA	1-800-282-9378 1-614-224-0946	
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**County/Local Agencies/Organizations/Departments**


**Additional Remarks/Comments**

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TAB 3-B

HAZARDOUS MATERIAL INCIDENT  
OWNER/OPERATOR FOLLOW-UP REPORT

INSTRUCTIONS TO OWNER/OPERATOR

After the release or discharge of a hazardous materials, written follow-up emergency notice must be submitted within 30 days to the Ohio EPA Emergency Response Section and the local emergency planning committee of the planning district(s) in which the release or discharge occurred, unless the release was from a vessel, then the report is sent only to the SERC. This follow-up emergency notice is your company's opportunity to explain in its own words the circumstances and actions relating to the release of pollutants to the environment.

The following form has been developed by the Guernsey County Local Emergency Planning Committee for your convenience. The use of this form is optional and your report may be submitted in your own format; however, the information is required pursuant to ORC Section 3750.06(D) and OAC Rule 3750-25-25(A)(2).

MAIL REPORT TO:

Ohio EPA, DERR - ER  
Lazarus Government Center  
211 South Front St.  
P.O. Box 1049  
Columbus, Ohio 43216-1049  
ATTN: ER Records Mgmt. - SERC Report

AND

Guernsey County  
Local Emergency Planning Committee  
ATTN: Community Emergency Coordinator  
627 Wheeling Avenue, Suite 302  
Cambridge, Ohio 43725

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HAZARDOUS MATERIAL INCIDENT  
OWNER/OPERATOR FOLLOW-UP REPORT

<b>FACILITY INFORMATION</b>		
FACILITY/SHIPPER NAME		
ADDRESS		
NAME OF OWNER AND/OR OPERATOR		TELEPHONE NUMBER
<b>TIME</b>		
DATE OF DISCHARGE	TIME OF DISCHARGE	DURATION OF DISCHARGE
DATE DISCOVERED		TIME DISCOVERED
ACTION TAKEN TO RESPOND TO AND CONTAIN THE RELEASE		
OHIO EPA SPILL NUMBER		NATIONAL RESPONSE CENTER CASE NUMBER (if notified)
<b>LOCATION OF RELEASE</b>		
LOCATION OF FACILITY FROM WHICH RELEASE OCCURRED		
COUNTY	TOWNSHIP	CITY
LONGITUDE AND LATITUDE OF RELEASE (if known)	DISTANCE AND DIRECTION FROM NEAREST INTERSECTION OR MILEPOST (if transportation related)	
<b>PRODUCT RELEASE</b>		
COMMON AND/OR TECHNICAL NAMES OF THE MATERIAL RELEASED AND CAS NUMBER		
QUANTITY (indicate volume in gallons or pounds)		DURATION
<b>ENVIRONMENTAL IMPACT</b>		
ENVIRONMENTAL MEDIUM AFFECTED (i.e., navigable waters, land, and/or air)		
IF NAVIGABLE WATERS IDENTIFY		LENGTH OF AREA OF NAVIGABLE WATER AFFECTED
GROUND SURFACE AREA (sq. ft. or sq. yds)		DEPTH OF SOIL CONTAMINATION
DAMAGE TO WILDLIFE AND/OR VEGETATION		IMPACT TO HUMAN HEALTH AND SAFETY
IDENTIFY MEDICAL ADVICE PROVIDED FOR EXPOSED INDIVIDUALS		

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HAZARDOUS MATERIAL INCIDENT  
OWNER/OPERATOR FOLLOW-UP REPORT

<b>MONITORING AND DETECTION</b>	
METHOD OF DETECTION AND CONCENTRATIONS (if release was monitored)	
METHOD WIND DIRECTION AND SPEED WAS DETERMINED (if release was air-borne)	
METHOD FOR WARNING THE PUBLIC	
<b>MITIGATION, CONTAINMENT ACTION</b>	
AMOUNT OF PRODUCT RECOVERED OR NEUTRALIZED	
METHOD PRODUCT WAS RECOVERED OR NEUTRALIZED	
OTHER ACTIONS TAKEN TO REDUCE THE IMPACT OF THE DISCHARGE (containment, absorbents, on-site treatment, etc.)	
<b>PREVENTION MEASURES</b> - Please provide plans to prevent recurrence of the discharge or release which may occur at this specific source. This may include: employee training, replacement of equipment, construction, or security measures such as lighting, fencing, or locks.	
<b>HEALTH RISKS</b> - List known or anticipated acute and chronic health risks of exposure associated with the substances which were released:	
<b>PERMIT NUMBERS - (Voluntary Information)</b> Indicate any air, water, or other permit numbers which may be pertinent to this incident. If this is a NPDES/air permit, please enclose a copy of your current effluent/emission limitations.	
<b>CHRONOLOGY</b> - Provide a chronological review of the incident. Include a chronology of communications with state and local government.	
<b>DOCUMENTATION</b> - Provide any reports or other documents which pertain to the incident (e.g., accident reports, manifest, bills of lading, laboratory analyses.	
<b>CAUSES</b> - Describe any extenuating circumstances which caused the discharge.	
<b>ECONOMIC IMPACT (Voluntary Information)</b>	
DOLLAR VALUE OF SPILLED PRODUCT	EQUIPMENT DAMAGE COST

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COST OF SPILL CLEANUP	ESTIMATED COSTS OF SPILL PREVENTION
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TAB 3-C

HAZMAT MEDICAL MONITORING RECORD FORM

Date:		Incident Name and Number:	
Name (Last, First, MI):			
First Entry	Subsequent Entry	Time of Monitoring	
<b>Medical monitoring is required on all personnel who will perform tasks in Level A, B, or C protective clothing. All components must be completed within ONE HOUR of entry.</b>			
<b>VITAL SIGNS</b>	Pre-Entry	Post-Entry	Excluded?
Blood Pressure			
Pulse			
Respiratory Rate			
Temerpersture			

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<b>SKIN EVALUATION</b>			
Rashes (Y/N)			
Lesions (Y/N)			
Open Sores (Y/N)			
Wounds (Y/N)			
<b>MENTAL STATUS</b>			
Alert and oriented to time, place, and person (Y/N)			
<b>RECENT MEDICAL HISTORY</b>			
Medications within 72 hours, including OTC			
Alcohol within 24 hours			
Medical treatment, diagnosis within 2 weeks			
Fever, nausea, vomiting, diarrhea, cough within 72 hours			
<b>HYDRATION (Y/N)</b>			

EMT SIGNATURE: \_\_\_\_\_



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TAB 3-D  
INFORMATION NEEDED BY CHEMTREC

INSTRUCTIONS: CHEMTREC can usually provide hazard information warnings and guidance when given only the NAME OF THE PRODUCT and the NATURE OF THE PROBLEM. For more detailed information and/or assistance, or if the product is unknown, attempt to provide as much of the following additional information as possible. Limit calls to emergency conditions only. CHEMTREC 1-800-424-9300.

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1. Caller's Name & Phone Number: \_\_\_\_\_

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2. Name of material released, or any identifying information: \_\_\_\_\_

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3. Nature, Location, & Time of the Incident: \_\_\_\_\_

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4. Name of Carrier, Shipper, Manufacturer, or Facility: \_\_\_\_\_

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5. Container Type, Railcar or Truck Number, Vessel Name, or other Identifying  
Information: \_\_\_\_\_

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6. Local Conditions: \_\_\_\_\_

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TAB 3-E  
INFORMATION RECEIVED FROM CHEMTREC

INSTRUCTIONS: Use the space below to record information that CHEMTREC gives you about the hazardous materials.

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1. Product Name: \_\_\_\_\_

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2. Common Name: \_\_\_\_\_

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3. Other Name(s): \_\_\_\_\_

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4. Nature of Product: \_\_\_\_\_

\_\_\_\_\_

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5. Physical Form and Appearance: \_\_\_\_\_

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\_\_\_\_\_

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6. Odor: \_\_\_\_\_

\_\_\_\_\_

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7. Shipping or Bill of Lading Description (DOT): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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8. Shipper or Manufacturer: \_\_\_\_\_

\_\_\_\_\_

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9. Effect on Water: \_\_\_\_\_

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10. Fire Hazard: \_\_\_\_\_

Flash Point: \_\_\_\_\_ Ignition Temperature: \_\_\_\_\_

Vapor Density: \_\_\_\_\_ Specific Gravity: \_\_\_\_\_

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11. Exposure Hazard: \_\_\_\_\_

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12. Pollution Hazard: \_\_\_\_\_

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13. Other Information: \_\_\_\_\_

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14. Request contact with Product Safety Specialist: \_\_\_\_\_

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TAB 3-F

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EMERGENCY RESPONSE  
COST SETTLEMENT AUTHORIZATION

Incident Date: \_\_\_\_\_

Incident Location: \_\_\_\_\_

If a settlement in full cannot be reached with the responsible parties, the community of jurisdiction and its legal counsel are authorized to negotiate a settlement of this claim in behalf of my jurisdiction.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

RETURN FORMS TO:

Guernsey County  
Emergency Management Agency  
627 Wheeling Avenue, Suite 302  
Cambridge, Ohio 43725

FAX - (740) 439-4250  
Voice - (740) 432-9292

Be prepared to submit copies of the following:

1. Time sheets or time cards of each individual listed.
2. Bills, receipts, or invoices for each item of equipment/supplies used or destroyed.
3. Job descriptions for full and part-time employees.

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COST SUMMARY

INCIDENT INFORMATION:

Jurisdiction: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

DEPARTMENT/AGENCY INFORMATION:

Name and Address of Department/Agency Completing This Form:

Chief's Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

TOTAL COSTS (From following pages)

A. Equipment - Replacement	\$
B. Equipment - Operations	\$
C. Supplies *	\$
D. Personnel	\$
E. Other *	\$
F. TOTAL	\$

\* Attached Receipts

CERTIFICATION:

I certify that the above expenses are actual, or if shown as estimates, are as accurate as possible. The community of jurisdiction and its legal counsel are authorized to submit this claim to responsible parties for payment in full.









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HAZARDOUS MATERIALS EMERGENCY RESPONSE

C - PERSONNEL COST

Department Name: \_\_\_\_\_

ITEM	*	TOTAL HOURS	HOURLY RATE	TOTAL	BENEFITS	TOTAL COST
TOTALS						

\*LEGEND

- 1 - 1st Alarm - On Duty Personnel, Subtract 2 hours
- 2 - Other Responders/Mutual Aid



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VEHICLE PER HOUR COST

FIRE VEHICLE

LADDER	\$200.00
ENGINE	\$100.00
RESCUE	\$75.00
MEDIC	\$50.00
SQUAD	\$50.00

SUPPLY VEHICLES - \$75.00 EACH

AIR  
FOAM  
DECON  
ENTRY  
HAZMAT  
DIKING

STAFF VEHICLES

CHIEF  
PREVENTION  
STAFF VEHICLES

SPECIAL VEHICLES - \$100.00 EACH

FIELD COMMAND  
EMA TRUCK  
HEALTH DEPARTMENT  
LIGHT PLANT  
HEATED DECON SHOWER

ADMINISTRATIVE COSTS - 10%

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§ [3745.13](#) Liability for costs of dealing with unauthorized spill, release or discharge.

Volume of Ohio Laws: 146 v S 162. Eff 10-29-95.

Bill Number: Senate Bill 162

Effective Date: 10-29-95

Text of Statute

When emergency action is required to protect the public health or safety or the environment, any person responsible for causing or allowing an unauthorized spill, release, or discharge of material into or upon the environment is liable to the municipal corporation, county, township, countywide emergency management agency established under section 5502.26 of the Revised Code, regional authority for emergency management established under section 5507.27\* of the Revised Code, or emergency management program established by a political subdivision under section 5502.271 [5502.27.1] of the Revised Code, having territorial jurisdiction, or responsibility for emergency management activities in the location of the spill, release, or discharge, for the necessary and reasonable, additional or extraordinary costs it incurs in investigating, mitigating, minimizing, removing, or abating the spill, release, or discharge in the course of its emergency action, but, to the extent criteria and methods for response actions prescribed under 40 C.F.R. 300, as amended, may be applied to the type of material involved and the conditions of the spill, release, or discharge, that person is liable for those costs only if the political subdivision, countywide agency, or regional authority employed those criteria and methods in its emergency action. The officers of the municipal corporation, county, township, countywide emergency management agency, or regional authority for emergency management performing the emergency action shall keep a detailed record of its costs for investigating, mitigating, minimizing, removing, or abating the unauthorized spill, release, or discharge; promptly after the completion of those measures, shall certify those costs to the city director of law or village solicitor, as appropriate, of the municipal corporation, the prosecuting attorney of the county in the case of a county, township, or countywide emergency management agency, or the legal counsel retained thereby in the case of a regional authority for emergency management; and may request that the legal officer or counsel bring a civil action for recovery of costs against the person responsible for the unauthorized spill, release, or discharge. The legal officer or counsel shall submit a written, itemized claim for the total certified costs incurred by the municipal corporation, county, township, countywide agency, or regional authority for the emergency action to the responsible party and a written demand that those costs be paid to

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the political subdivision, countywide agency, or regional authority. Not less than thirty days before bringing a civil action for recovery of those costs, the legal officer or counsel shall mail written notice to the responsible party informing the responsible party that, unless the total certified costs are paid to the political subdivision,

countywide agency, or regional authority within thirty days after the date of mailing of the notice, the legal officer or counsel will bring a civil action for that amount. In making a determination of an award for reimbursement, the responsible party's status as a taxpayer to the governmental entity shall be taken into consideration. Nothing in this section prevents a political subdivision, countywide emergency management agency, or regional authority for emergency management from entering into a settlement of a claim against a responsible party that compromises the amount of the claim. Moneys recovered under this section shall be credited to the appropriate funds of the political subdivision, countywide agency, or regional authority from which moneys were expended in performing the emergency action.

History

HISTORY: 142 v H 19 (Eff 10-20-87); 142 v H 131 (Eff 6-29-88); 146 v S 162.

Eff 10-29-95.

\* Was 5502.27 intended?

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