

Date of Initial Plan _____

FOR OFFICE USE ONLY

Date of Follow-up Plan: _____ Date
of Final Approval: _____

**CONTINGENCY PLAN FOR LARGE
COMMERCIAL PESTICIDE STORAGE**

Establishment Name: _____

Storage Facility Address: _____

City

County

Telephone Number () _____

Manager's Name _____

Home Phone Number () _____

Provide the name, address, and phone number (office and home) of all persons qualified to act as alternates who can be reached at any time of the day, seven days a week, and who are thoroughly knowledgeable of the facility including operational and emergency procedures. Where more than one person is listed, one shall be named as the primary alternate, and others shall be listed in the order in which they will assume responsibility as alternates. Alternates shall be capable of providing a current inventory of the kinds of stored pesticides by brand name and formulation.

EMERGENCY TELEPHONE NUMBERS:

Day

Night

Alternate Name _____

Address _____

Day

Night

Alternate Name _____

Address _____

Phone number and name of local fire department and/or emergency services which would respond to a fire at this site. _____

TYPE OR PRINT ANSWERS ON STANDARD 8 1/2 x 11 1/2

I. General Information

A. What type of business is associated with pesticide storage; i.e., wholesale or retail; home and garden, ag chemical, or other sales; commercial applicator; public warehousing; etc.

B. Describe any non-pesticide related operations conducted at the same facility at the same time or at alternate times.

C. Estimate the maximum quantities of pesticides stored at the facility at any time in units of pounds or gallons. List the estimated quantities by type; i.e., insecticides, herbicides, nematicides, fungicides, rodenticides, and others (describe).

D. Describe any non-pesticide related storage associated with this facility. Include in these comments a description and estimate of quantity of other chemicals which are not pesticides but which are combustible, explosive, or chemically reactive.

E. Is the pesticide storage area isolated from other storage or activity areas of the facility? Comment on the adequacy of all measures taken to prevent pesticide contamination of these other areas. Comment on the adequacy of all steps taken to prevent contamination of food, feed, fertilizers, tobacco products, or other pesticides as applicable.

F. Comment on the adequacy of existing security measures in operation at the facility to limit unauthorized access to the stored pesticides.

II. Site Information

A. Is the facility or storage area located within the corporate city limits?

B. Estimate the population of the area within 1/2 mile of the storage area. Use one of the following categories: less than 500; 500-1,000; 1,000-10,000; 10,000-50,000; or greater than 50,000.

C. Identify any schools, hospitals, nursing homes, or other institutional facilities within 1/2 mile of the storage area. Estimate the number of individuals occupying each facility.

D. Describe the land use within 1/2 mile radius of the storage area in terms of residential, industrial, agricultural production (crop or livestock), food or feed processing, etc. Estimate the number of residential dwellings and the number of businesses within 1/2 mile of the storage area.

E. If the major land use is agricultural production, estimate the number of any type of

livestock or types of crops produced within ¼ mile of the storage area.

F. Describe soil type in the area around the facility.

G. Describe the slope or grade of the land on which the pesticide storage facility is located, and indicate the distances to any community water supply within ¼ mile of this facility.

H. Identify local streams or bodies of water which could receive runoff either over land or through the storm drain systems. What is the estimated distances to each stream or body of water?

III. Fire and Spill Control

A. Does the facility have a fire detection system? If so, describe this system.

B. Does the pesticide storage area have a fire suppression system? If so, describe the type and adequacy considering the quantities of stored materials. Comments should include statements about sprinklers, firewalls, smoke doors, equipment, etc.

C. Does the pesticide storage area receive a routine fire inspection? If so, what frequency and by whom? Please attach a copy of the required letter requesting an annual prefire inspection from the local fire officials.

D. On the basis of the prefire plan developed for the storage area as required by the board, describe existing features and plans to contain or control fire water runoff (i.e.,berms, dikes, etc.) in the event of a fire. Please indicate by sketch where and how the contaminated runoff could be reasonably contained.

E. Describe the procedures used by the facility to contain and dispose of spills of 5 gallons or less.

F. Describe the procedures and considerations to contain and dispose of pesticide spills in excess of 5 gallons.

G. If the facility stores fumigants, describe the steps taken to detect leaks, notify personnel, and correct the situation.

IV. Coordination Agreements

Describe any arrangements agreed to by local police departments, fire departments, hospitals, contractors, and state and local emergency response teams to coordinate emergency services in response to fires, explosions, spills, or any other sudden or non- sudden release of pesticides, or pesticide contaminated materials to air, soil, or surface water at the facility.

V. Flood Prevention

Provide a complete description of the steps taken to prevent flooding of the pesticide storage area.

VI. Personnel Training

Describe any employee training in security, maintenance of fire detection and suppression equipment, container inspection, decontamination, emergency response, containment, etc.

VII. Sketch of Facility: Drawn to Scale

Show floor plan of pesticide storage facility building(s). Provide elevation views if more than one story. To scale, locate all fixed outside equipment. Show all fences (perimeter and interior) and all gates. With arrows, indicate water surface and subsurface drainages. Show access and evacuation routes and approximate distances to (important) buildings. Identify areas of the facility committed to pesticides, combustibles, explosives, chemically reactive materials, etc. Use symbols in legend attached. Show North arrow.

VIII. Sketch of Facility & Surroundings: Drawn to Scale

Show outline of facility buildings in relation to all residential areas, streets, roads, and highways. Indicate any schools, hospitals, or other institutional facilities, recreational areas, airports, airstrips, rail lines, and heliports in a ¼ mile radius. Show access and evacuation routes. Show North Arrow.

IX. Site Runoff Control: Drawn to Scale

Sketch drainage at and from the site. Show all nearby ditches, underground drains, creeks, rivers, etc. Also include major topographic features, private or community water supplies, emergency and nonemergency water supply lines and outlets (hydrants), sewer lines, etc. Use arrows to indicate drainage direction. Use symbols in legend attached. Show North Arrow.