

OAKLAND COUNTY LEPC/FIRE DEPARTMENT  
EMERGENCY RESPONSE HAZMAT SURVEY

|  |                |  |  |
|--|----------------|--|--|
| 1. Address:  |                |  |  |
| 2. Business Name:  |                |  |  |
| 3. Emergency Contact Name:   |                | Tele Number:                           |  |
| 4. Alternate Contact Name:   |                | Tele Number:                           |  |
| 5. Lock Box-Yes:    No:    Location:   |                |  |  |
| 6. Sprinkler System-Yes:                      No:  |                |  |  |
| Coverage: Total  |                | Limited                                | Area Covered:  |
| 7. Other Suppression-Yes:                      No:   |                |  |  |
| Coverage: Total  |                | Limited                                | Area Covered:  |
| 8. Fire Dept Connection:   |                |  |  |
| Fire Pump-Yes:   |                | No:                                    |  |
| Location:  |                |  |  |
| 9. Fire Alarm System-Yes:                      No:   |                |  |  |
| Panel Location:  |                |  |  |
| 10. Bldg Dimensions-Length:                      X Width:                      Total Area (square foot): |                |  |  |
| Number of Floors:  |                |  |  |
| Basement-Yes:  |                | No:                                    |  |
| Construction Type-Walls:   |                | Roof:                                  | Floors:  |
| Occupancy-Midnights:   |                | Days:                                  | Afternoons:  |
| 11. Outside Utilities Shut off Locations-Gas:  |                |  | Electrical:  |
| 12. Process Feeds:   |                |  |  |
| 13. Hazardous Materials:   |                |  |  |
| Name   | Total Quantity | Size of Single<br>Largest<br>Container | Check:<br>FHS   Solid   Liquid   Gas   H   F   R   C   O |
| 1)   |                |  |  |
| 2)   |                |  |  |
| 3)   |                |  |  |
| 4)   |                |  |  |
| 5)   |                |  |  |
| 6)   |                |  |  |
| 7)   |                |  |  |
| 8)   |                |  |  |
| 9)   |                |  |  |
| 10)  |                |  |  |
| 14. Special Considerations: Other hazards on site, special equipment, etc.                               |                |  |  |
| 15. Is A Spill/Cleanup Kit Or Procedure In Place?    If yes, indicate what method is used.               |                |  |  |
| 16. Is A Secondary Containment System In Place?  |                |  |  |

Date: \_\_\_/\_\_\_/\_\_\_

**Draw or attach site map on reverse indicating: north & south, building(s) entrance & exits, hazardous materials locations, utility panels, fire hydrants, catch, sewer & storm drains, outside utility shut off, adjacent property & streets, closest water supply.**

**OAKLAND COUNTY LEPC/FIRE DEPARTMENT  
EMERGENCY RESPONSE HAZMAT SURVEY  
DIRECTIONS**

The following provides directions and explanations regarding the Hazmat Survey form.

1. **Address:** Please provide normal street address.
2. **Business Name:** Please provide normal business name.
3. **Emergency Contact Name:** This name should be a responsible party having the authority to order actions or contracts for outside contractors. Please include any pager numbers, if necessary. The emergency contact number could be a security service or other agency which could provide immediate notification to the business principals.
4. **Alternate Contact:** Same as above if above individual is not available.
5. **Lock Box:** A lock box is a secure, locked box located outside of the building in which building keys and other information may be stored. The local fire department should have a key for the lock box in order to access the building key(s) and information contained inside for quick access to the building.
6. **Sprinkler System:** Please identify if all or any part of the building(s) is protected by a sprinkler system. Please identify the type of system (i.e. wet, dry, pre-action, deluge, foam).
7. **Other suppression:** Please identify any other type of suppression system at your location. This may include halon, carbon dioxide or dry chemical systems. It is not necessary to identify kitchen fire suppression systems.
8. **Fire Department Connections:** This is the siamese connection found outside of the building where the fire department may connect the water supply to the suppression system.  
  
The fire pump location should be identified in order that the fire pump can be checked by the fire department to assure operation in an emergency.
9. **Fire Alarm System:** Please identify the type of system and area of coverage. The location of the alarm panel is important in that it allows the emergency responders to identify the source or area of the alarm.
10. **Building Dimensions:** This information allows a fire department to calculate the fire flow requirements (water required for suppression). The dimensions should be for the base or "footprint" floor. From this information and the number of floors, the fire department can calculate the flow requirements. Indicate the construction of floors, walls and roof. This is critical collapse potential information for the fire department. Of critical nature is any unprotected steel support, steel truss and lightweight wood construction.  
  
Occupancy should include the largest number of people found working various shifts. If your shifts are not the standard three shift schedule, please indicate.
11. **Outside Location of Utilities:** Please indicate the location where utilities enter the building.
12. **Process Feed Shut-off(s):** Please indicate the location for shut-offs for any hazardous materials stored outside which feed into the building.
13. **Listing of Hazardous Materials:** Please identify the top ten hazardous materials located on your site, the classification of the material, the largest quantity on hand, the size of the single largest container the material is stored in, check if it is an extremely hazardous substance, check the state of the chemical, and NFPA# for Health (H), Flammability (F), Reactivity (R), Combustible (C), and Other Considerations (O).

The NFPA letter for the material can be used to identify the location on the site map.

**14. Special Considerations:** Please comment on any special considerations, such as:

- If you have a trained spill response team.
- Where spill response equipment is located.
- If there is a process or process area which poses an unreasonable risk for emergency response personnel entry.
- If an area will generate or produce a toxic or flammable gas due to the reactions caused by the emergency in the area.
- If a critical process is shut down, will it cause unreasonable damage or cleanup costs.
- If a critical process or area has the potential for runaway reaction or polymerization.
- If an area containing hazardous materials is of concern from a spill or release in which the secondary containment may be overfilled due to activation of a fire suppression system or from hose streams.
- A special area of land around or adjacent to the facility which is considered wet lands, contains a stream or well and/or is susceptible to environmental pollution resulting from a release or through the actions of emergency responders.

**15. Spill/Cleanup Kit:** Please identify if there is a spill/cleanup kit or procedure in place and indicate what method is used.

**16. Secondary Containment System:** Please state whether a secondary containment system is in place.

**Draw or attach site map on reverse side indicating north & south, building(s) entrance & exits, hazardous materials locations, utility panels, fire hydrants, catch, sewer & storm drains, outside utility shut off, adjacent property & streets, closest water supply.**