



<b>Number:</b>	<b>D2014-02</b>
<b>Effective Date:</b>	March 19, 2014
<b>Termination Date:</b>	
<b>Rescinds Directive Number:</b>	D2010-02

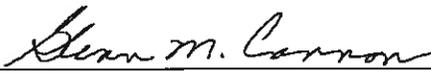
**PEMA Directive**

**Subject:**  
Hazardous Material Response Team State Certification/Re-certification Criteria

**Scope:**  
Current and Potential State-Certified Hazardous Material Response Teams

- Distribution:**
- County Emergency Management Coordinators
  - Commanders, State-certified Hazardous Materials Response Teams
  - Chairs, County Local Emergency Planning Committees
  - [www.pema.state.pa.us](http://www.pema.state.pa.us) (required)

**By Direction of:**



Glenn M. Cannon, Esq.  
Director, PA Emergency Management Agency

**I. INTRODUCTION**

- A. The Pennsylvania Hazardous Material Emergency Planning and Response Act (Act 1990-165, as amended and hereinafter referred to as Act 165) was passed to follow the provisions established in the federal Emergency Planning and Community Right-To-Know Act of 1986 (Title III of Public Law 99-499, 42 U.S.C. § 11001 & 11002, et seq.), also referred to as SARA, Title III. Act 165 has many objectives, but as it relates to this Directive, the overall objective was to create a strong working relationship and partnership in the commonwealth between businesses, industries, counties, and municipalities in order to protect and safeguard the citizens of this commonwealth from the health hazards and other risks of harm resulting from, or incident to, the use, storage, distribution, and transportation of hazardous materials (HAZMATs). Act 165 established and maintained a comprehensive HAZMAT safety program for the commonwealth and its counties, and created the Hazardous Material Response Fund (HMRF) to provide financial assistance to commonwealth departments, agencies and counties in order to develop an effective and integrated response capability to the health hazards, dangers, and risks which HAZMAT releases pose to the general public.
- B. Act 165 established the emergency notification system. Should a release of HAZMATs occur either at a facility or result from a transportation related (highway or rolling stock) accident, required information about that release will be reported to the county Emergency Management Agency (EMA) and Pennsylvania Emergency Management Agency (PEMA). Various commonwealth departments and agencies, as well as local agencies, are assigned responsibilities

**Comments and Questions Regarding this Directive Should be Directed to:**  
Alan Brinser, Technological Hazards Division, Bureau of Planning and Preparedness, 717-651-2217

to ensure the development and furtherance of a comprehensive HAZMAT safety program. Civil liability protection is provided to officials and emergency response personnel of the commonwealth, counties, and municipalities who are properly carrying out their duties and responsibilities under the commonwealth's HAZMAT safety program. Lastly, persons responsible for the release of HAZMATs are required to pay the costs incurred by certified Hazardous Material Response Teams (HMRTs) and supporting paid and volunteer emergency service organizations for emergency response activities necessitated by the HAZMAT release.

## **II. HAZARDOUS MATERIAL RESPONSE TEAM MISSION**

The mission of a state-certified HMRT is to assist the Authority(ies) Having Jurisdiction (AHJ) within their authorized response area(s), during the release of a HAZMAT (as defined by Act 165 and related Directives) by providing advice, guidance, and/or an offensive capability to assist in the containment, control, and neutralization of the release so as to aid in the protection of the citizens, environment, and property within the commonwealth from death, injury, and continuing damage or exposure, as applicable.

## **III. PURPOSE**

The purpose of this Directive is to:

- A. Describe the procedures to request a certification or re-certification assessment, and for crediting training and certification under the HAZMAT safety program.
- B. Identify the standards for certification and re-certification, and the guidelines that are considered by PEMA when certifying or recertifying HMRTs.
- C. Provide guidance to government, volunteer, and privately-owned organizations (with the exception of private industry sponsored on-site emergency response teams) in the development of programs, plans, and response capabilities to prepare for a state assessment and fulfill the standards for certification so that they may support county EMAs to provide HAZMAT response capability throughout the county.

## **IV. BACKGROUND**

- A. PEMA has prepared this Directive under the Pennsylvania's Hazardous Material Emergency Planning and Response Act, Act 1990-165, as amended. The Agency is directed to establish and maintain a comprehensive hazardous material safety program for the commonwealth and its counties, and prescribe standards for HMRT training, equipment, safety, operations, and administration.
- B. PEMA, Bureau of Planning and Preparedness, Technological Hazards Division (BOPP/THD) is responsible for managing the State HMRT Certification Program.

- C. A copy of this Directive and its attachments are available on the PEMA website to provide a description of the process to request a certification assessment and the current standards that will be referred to in order to determine whether a team is eligible to be assessed for HMRT certification or re-certification.

## **V. SCOPE**

- A. This Directive provides a comprehensive guide to administrative and technical requirements for current and potential HMRTs.
- B. This Directive is intended for use by the applicant and administrators and utilizes several guidance documents familiar to professionals in the HAZMAT field:
  - 1. The Occupational Safety and Health Administration (OSHA) Standard for Hazardous Waste Operations and Emergency Response, 29 CFR 1910.120
  - 2. The NFPA® 472 Standard for Competence of Responders to Hazardous Materials/Weapons of Mass Destruction (WMD) Incidents
  - 3. The United States Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) National Institute for Occupational Safety and Health (NIOSH), Occupational Safety and Health Guidance Manual for Hazardous Waste Site Activities, Publication No. 85-115
- C. Each of these guidance documents reference applicable federal standards; teams must be able to meet these standards in order to qualify for state certification.

## **VI. AUTHORITY AND REFERENCES**

- A. United States Environmental Protection Agency (EPA), Subchapter 1, Solid Wastes, 40 Code of Federal Regulations (CFR) Part 261 through 263, Parts 302, 311, 355, and 370
- B. United States Department of Transportation (DOT), Pipeline and Hazardous Material Safety Administration (PHMSA), Subchapter C, Hazardous Material Regulations, 49 CFR, Part 171-178
- C. Federal Emergency Management Agency's (FEMA's) National Preparedness Directorate, United States Department of Homeland Security (DHS): Homeland Security Exercise and Evaluation Program (HSEEP)
- D. Homeland Security Presidential Directive (HSPD)-5, Management of Domestic Incidents, National Incident Management System (NIMS)
- E. Pennsylvania's Emergency Management Services Code, Title 35 Pa. C. S. §§ 7101 et seq., as amended
- F. Pennsylvania Hazardous Material Emergency Planning and Response Act, Act 1990-165, as amended (Act 165)

- G. NFPA® 472 Standard for Competence of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents, Most Current Edition
- H. NFPA® 473 Standard for Competencies for EMS Personnel Responding to Hazardous Materials/Weapons of Mass Destruction Incidents, Most Current Edition
- I. NFPA® 1991 Standard for Vapor-Protective Ensembles for Hazardous Materials Emergencies, Most Current Edition
- J. NFPA® 1992 Standard for Liquid Splash-Protective Ensembles and Clothing for Hazardous Materials Emergencies, Most Current Edition
- K. EPA Worker Protection 40 CFR 311
- L. OSHA Standard for Hazardous Waste Operations and Emergency Response, 29 CFR 1910.120
- M. OSHA Standard for Respiratory Protection, 29 CFR 1910.134
- N. SARA Title III- Federal Emergency Planning and Community Right-to-Know, 42 U.S.C. § 11001 & 11002
- O. HHS, Occupational Safety and Health Guidance Manual for Hazardous Waste Site Activities, October 1985, DHHS (NIOSH) Publication No. 85-115

## **VII. GENERAL**

- A. **Initial Certification:**

Specific tasks and timeframes are established to ensure continuity in providing HAZMAT response capability to each county. Where an applicant is applying for new/initial certification, all tasks are to be accomplished prior to certification. The certification process consists of two main components, participation in an evaluated exercise, and the on-site assessment. Application and full scale exercise documentation shall be submitted 120 days prior to a request for inspection for review.
- B. **Re-Certification:**

Where an applicant is applying for re-certification, all tasks are to be accomplished prior to the applicant's current certification expiration date, allowing for resolution of potential non-compliance issues. The re-certification process consists of two main components: participation in an evaluated exercise and the on-site assessment. Application and evaluated exercise documentation shall be submitted to PEMA 120 days prior to the HMRT's certification expiration date.

**C. Evaluated Exercise:**

Initial and established applicants shall participate in an evaluated exercise prior to certification and/or re-certification. The evaluated exercise will be based on HSEEP concepts in which members of the Exercise Assessment Team (EAT) and County EMA will participate as evaluators/observers. An evaluated exercise will have a scenario approved by the county Emergency Management Coordinator (EMC), which fully demonstrates the capabilities of the HMRT. This evaluated exercise will include identification of a substance, entry into a hot zone, exit from the hot zone, decontamination, and scene safety. The HMRT will also document any corrective actions and/or training improvement plans. Exercises that were not observed by at least part of the EAT will not be accepted for certification purposes. The HMRT shall provide PEMA and County EMA with exercise information and the Hazardous Materials related objectives not less than 90 days prior to the exercise date or immediately following the Initial Planning Conference (IPC) to allow for a review of the scenario and the objectives, as well as the scheduling of observers and evaluators.

1. The Exercise Assessment Team (EAT) is comprised of 6 (six) representatives selected by their respective agencies to conduct the assessments. As program administrator, PEMA reviews and approves qualifications for the EAT. The EAT members will consist of the PEMA Technological Hazards Division (THD), the respective PEMA Area Office, the Department of Environmental Protection (DEP), the Pennsylvania Department of Health (DOH), the Office of the State Fire Commissioner (OSFC), and the County EMCs with whom an HMRT has agreements. It will be the HMRT Chief's decision to invite a peer from another certified HMRT to participate as an observer to assist in validating operational objectives and for the purpose of exchanging best practices. Each segment of the EAT will utilize a standardized checklist. The EAT Leader (THD representative) is responsible for identifying and notifying the EAT of the location, time, and date of all exercises.
2. The HMRT seeking certification or re-certification shall provide evidence of participation in an evaluated exercise based on HSEEP concepts conducted with at least one county having jurisdiction over the HMRT. The HMRT shall provide the following information regarding the exercise with their application for certification/re-certification:
  - a. A copy of the minutes of either the IPC or Final Planning Conference (FPC), indicating that the HMRT was included in the planning of the exercise
  - b. A copy of the exercise objectives, including those specifically related to the HMRT
  - c. A copy of the After Action Report (AAR), including an Improvement Plan
  - d. An Executive Summary of the Scenario
  - e. County EMA/LEPC approval of the evaluated exercise

3. Objectives for the Hazardous Materials aspects of the exercise shall be consistent with the core competencies as indicated in NFPA-472, and shall include the following as a minimum:
  - a. Analyze a hazardous materials/WMD incident to determine the scope of the problem and potential outcomes by completing the following tasks:
    - i. Survey a hazardous materials/WMD incident to identify the containers and materials involved, determine whether hazardous materials/WMD have been released, and evaluate the surrounding conditions
    - ii. Collect hazard and response information from MSDS; CHEMTREC/CANUTEC/SETIQ; local, state, and federal authorities; and shipper/manufacturer contacts
  - b. Plan an initial response to a hazardous materials/WMD incident within the capabilities and competencies of available personnel and personal protective equipment.
  - c. Respond to hazardous materials/WMD incidents using a risk-based response process, based on the systematic process by which responders analyze a problem involving hazardous materials/WMD: assess the hazards, evaluate the potential consequences, and determine the appropriate response actions based upon facts, science, and the circumstances of the incident and:
    - i. Utilize and follow the policies and procedures of the HMRT
    - ii. Utilize the Incident Command System (ICS)
    - iii. Don, work in, and doff appropriate personal protective (PPE) equipment, including, but not limited to, liquid splash and vapor-protective clothing with approved respiratory protection
    - iv. Select and demonstrate appropriate decontamination procedures
    - v. Control a release using specialized PPE equipment and control equipment
    - vi. Demonstrate additional competencies specific to the response mission, expected tasks, and equipment and training as determined by the AHJ
    - vii. Demonstrate safety processes and protocols
  - d. Terminate the response with appropriate transfer of information.
4. The following shall be demonstrated in all HMRT exercises:
  - a. Direction and control
  - b. Integration of the HMRT within the ICS
  - c. Communications (primary and backup)
  - d. Resource management
  - e. Contamination control
  - f. Spill control/containment
  - g. Personnel safety

- h. Selection of appropriate PPE for the hazardous material(s) and utilization of Level A equipment and measures for entry during the exercise
- i. Sampling techniques
- j. At least one of the following:
  - i. Given a pressure vessel, select the material or equipment and demonstrate a method(s) to contain leaks
  - ii. Given a 55 gal (208 L) drum and applicable tools and materials, demonstrate the ability to contain a leak and demonstrate the ability to place the 55 gal (208 L) drum into an over packed drum

**D. Exercise Evaluation**

The exercise evaluator(s) will be assigned per Section VII, "General," Section C, "Evaluated Exercise," paragraph 1. The EAT shall complete and submit the completed Exercise Evaluation Questionnaire in Attachment 10.

**E. On-site assessment**

The representative of PEMA's BOPP/THD will act as the Assessment Team Leader and ensure assessments are completed in accordance with this Directive. (If that person is not available, a PEMA Area Office representative would assume that role.) The following tasks are the basic assessment planning tasks; close coordination and cooperation between all organizations are imperative to the success of the program.

1. The HMRT Assessment Team (HAT) is comprised of 5 (five) representatives selected by their respective agencies to conduct the assessments. As program administrator, PEMA reviews and approves qualifications for the HAT. The HAT members will consist of the PEMA THD, the respective PEMA Area Office, the Department of Environmental Protection (DEP), the Pennsylvania Department of Health (DOH), and the Office of the State Fire Commissioner (OSFC). Each of the various entities is responsible for conducting the assessment for specific areas. DOH reviews the Medical Surveillance Program Questionnaire which pertains to Medical Records, Medical Standard Operating Guides (SOGs), and medical surveillance procedures. DEP reviews the Air Monitoring and Detection Equipment Questionnaire which pertains to the SOGs and items related to Air Monitoring and Detection. The OSFC reviews the Personal Protective Equipment (PPE) Questionnaire which pertains to the SOGs and use of PPE. PEMA personnel will review the Management, Operations and Training Questionnaire and the Specialized Equipment Questionnaire. Each segment of the HAT utilizes a standardized checklist. The PEMA representatives also review the Application itself; the Statement of Agreement; and the HAZMAT Team Roster and its components. The HAT Leader (THD representative) is responsible for identifying and notifying the HAT members of the location, time, and date of all assessments.

2. **Submit Application**
  - a. Applicants for initial certification must submit an application no later than 120 days prior to request for inspection. The PEMA Area Office will contact and coordinate with the applicant to ensure the tasks are accomplished within the established timeframes.
  - b. Applicants for re-certification must submit an application no later than 120 days prior to the current expiration date. The respective PEMA Area Office will remind the HMRT's Administrative Officer of pending assessments six months prior to the expiration date of the applicant's certification. The PEMA Area Office will contact and coordinate with the applicant to ensure the tasks are accomplished within the established timeframes.
  
3. **Establish Assessment Date**

After it is determined that the applicant has successfully fulfilled the requirements of the application for certification/re-certification, the appropriate PEMA Area Office will begin coordinating with the applicant to establish a date for the assessment.
  
4. **Conduct Initial Assessment**
  - a. The HAT will meet with the applicant on site to review the objectives and processes of the certification program. All operating procedures, files, and records will be reviewed. All equipment and vehicles required for (re)certification shall be made available to the HAT for visual or operational examination.
  - b. Applicants are evaluated on their written policies, procedures, and equipment inventory using federal and state standards, and the Assessment Checklists.
  - f. The level of discrepancies found during the assessment will affect the establishment of suspense dates and potential consequences to the status of an applicant's certification.
  
5. **Prepare Preliminary Report**
  - a. Within ten working days of the assessment, THD will provide the applicant with a preliminary report of the assessment. Any discrepancies that were identified in the initial assessment are incorporated into the preliminary report. The report will make recommendations if necessary. The preliminary report will again identify the action(s) required to become compliant and state the suspense date. The suspense date will not be earlier than 15 days prior to the expiration date of the current certification.
  - b. There may be situations in which the corrective action is not possible to accomplish before the applicant's current certification expires. In such situations, the applicant must submit a request for extension of certification, explaining the situation in detail as soon as possible. The request can be approved by the PEMA Director or the Director's designee.

8. Conduct Reassessment
  - a. The applicant will coordinate a re-assessment with the PEMA Area Office. If necessary, the HAT Leader will coordinate a reassessment on, or before, the suspense date provided in the Preliminary Report, unless otherwise coordinated with the applicant. The applicant may contact the HAT Leader and reschedule the assessment any time prior to the suspense date. The HAT member(s) will conduct the re-assessment. Only those actions described in the Preliminary Report will be evaluated. Documentation/samples may be used to validate the actions.
  - b. When it has been determined whether or not the applicant has completed the actions identified in the Preliminary Report, the HAT Leader will prepare a Final Report.
  
9. Final Report
  - a. Using the criteria established for certifying HMRTs in this Directive, representatives of PEMA, DEP, DOH, and the State Fire Academy will prepare a Final Report. The report will contain a recommendation for the Chief of PEMA's BOPP/THD to approve/disapprove the HMRT for state certification. The final report describes management practices in the four critical areas of responsibility: Management, Operations, Training, and Equipment. The final report also describes best practices. Copies of each document will be mailed to the HMRT Administrator, the county EMC, the Chairman of the Board of Commissioners or the County Executive, and the PEMA Area Office Director. Copies will also be mailed to each county EMA in which the applicant has a signed Statement of Agreement. PEMA maintains a copy in the master file.

## **VIII. EVALUATION AREAS**

- A. The following section explains the methodology used in evaluating HMRTs in support of Act 165. Assessments are used by PEMA to establish the level of capability of HMRTs' preparedness for emergency responses. The evaluation process has evolved over the years in format, but the basis remains the same.
  
- B. The basis and standards for the Hazardous Materials Safety Program are addressed in 29 CFR Parts 1910.120 and 1910.134, the NFPA® Standard 472, and Act 165. Multiple categories were derived from the guidance that will be used as a reference for the assessment program. The evaluation areas are:
  1. Management
  2. Operations
  3. Training
  4. Specialized Equipment
  5. PPE
  6. Air Monitoring
  7. Medical Monitoring

- C. Each applicant will be evaluated by the Assessment Team using the assessment checklists. The assessment checklists are found in the Attachments of this Directive.

## **IX. CERTIFICATION AND APPROVAL**

- A. The PEMA Director will award certification to the HMRT Administrator upon successful completion of the requirements established in this Directive and upon the recommendation of the Assessment Team.
- B. Certification shall be for a period of four years. The expiration date will be the last day of the month in which the certification expired and will be noted on the certificate and Letter of Certification.

## **X. REQUIREMENTS FOR CERTIFIED HMRTs**

- A. HMRTs must obtain certification through the process described in this Directive and maintain their certification throughout the certification period. The teams must maintain proficiency, document training, and submit reports (periodic and emergent) as required by Act 165, this Directive.
- B. It is recommended, though not required, that the teams seek training programs that offer International Fire Service Accreditation Congress (IFSAC) and the National Board on Fire Service Professional Qualifications (Pro Board) certifications.
- C. All government or private contractors who own or manage response resources in Pennsylvania for the primary purpose of providing emergency HAZMAT services as applicable to Act 165 of 1990, as amended, section 209 must apply for, and receive, state certification for their response area. PEMA will determine the response district if there is any uncertainty. Each team must meet the requirements established in this Directive, independent of the other teams. If the HMRT has resources which are staged at a satellite location (within the response district), they are to be simultaneously dispatched.
- D. Each commonwealth department and agency, local agency, regional HAZMAT organization, volunteer service organization, HAZMAT transporter, manufacturer, supplier or user, or other entity that organizes a certified HMRT as identified on the team certification, shall be responsible for providing, directly or by agreement with a third party provider, public liability insurance for its certified HMRT. The commonwealth, county, or municipality may self-insure to meet this obligation to the extent authorized by state law.
- E. Under normal circumstances, a certified HMRT must respond to any location within the county to which it provides response service within two hours. A certified HMRT that is unable to provide this level of response shall immediately notify the EMC in each of the counties it serves. The county EMC will notify the appropriate PEMA Area Office.

- F. Only state-certified HMRTs with which the county has a signed Agreement are authorized to be dispatched initially by the county EMC/AHJ to releases, or potential releases, that have the potential to harm people, the environment, or property.
- G. The AHJ may develop Mutual Aid Agreements with other state-certified HMRTs to serve as additional teams for coverage purposes.

## **XI. SPECIALIZED TEAMS**

This section reserved for future development.

## **XII. DECERTIFICATION/REVOCATION OF CERTIFICATION**

- A. If a certified HMRT fails to comply with the actions noted in the Preliminary Report for re-certification by the suspense date, PEMA may revoke the certification. Requests to extend the time to complete the actions past the suspense date must be coordinated through the PEMA Area Office for PEMA approval. Extension of certification may be granted for good reason with the approval of the PEMA Director or the Director's designee.
- B. If an HMRT's certification expires and the HMRT has not performed the actions necessary to be recertified, PEMA will consider the certification to be revoked.
- C. Non-Compliance
  1. Certifications may be revoked at any time the applicant is found to be non-compliant with any of the terms, conditions, or requirements of this Directive.
  2. Representatives from PEMA and the EMC from the affected county (county-managed HMRTs) will conduct an investigation into allegations of non-compliance. After review of the circumstances, a report will be submitted to the PEMA Director for resolution concerning the future status of the HMRT's certification. If the PEMA Director authorizes the action, the results of the inquiry will be mailed to the authorized official, the County Commissioners/County Executives, and EMC of the affected county(ies). The affected county(ies) must establish other means of HAZMAT response coverage and notify PEMA of its plans.
  3. If certification is revoked, the affected counties will be notified by PEMA to make alternate arrangements to meet the requirements of Act 165. A team that loses its state certification may request a meeting with PEMA's BOPP/THD to discuss the future status of the HMRT. HMRTs which are not certified shall not be dispatched to a HAZMAT emergency.
- D. If a certified HMRT is unable to meet the requirements of this Directive for any reason, the Authorized Official of the HMRT shall immediately notify the affected county(ies) with which it has an Agreement and the Chief of PEMA's BOPP/THD. The affected county's EMC should follow up with PEMA once a replacement HMRT is contracted.

### **XIII. TEAM STRUCTURE**

- A. An HMRT shall consist of a minimum of 10 qualified personnel in order to receive and maintain certification. It is important to note that this is not necessarily the complement that is required for every response. The following requirements define the minimum complement of HMRT members:
1. One Hazardous Materials Officer
  2. A designated Hazardous Materials Safety Officer
  3. Seven Hazardous Materials Technicians
  4. One medical specialist (i.e., a DOH-certified Emergency Medical Technician [EMT], Paramedic, a licensed occupational health nurse, or a licensed physician) or an EMS unit (ALS or BLS) dedicated to the HMRT.

NOTE: It is highly recommended, though not required, that medical personnel serving as part of, or in support of, an HMRT should be trained and certified in accordance with NFPA Standard 473.

- B. Additional persons who may be included in the HMRT complement (List these specialists on the team roster):
1. Hazardous Materials Specialists, including (but not limited to):
    - a. rail tank car
    - b. highway tank car
    - c. intermodal containers
  2. Specialist employees including (but not limited to):
    - a. Toxicological Specialists
    - b. Metallurgical Specialists
    - c. Engineering Specialists
    - d. Explosives Specialists
    - e. Chemical Specialists
    - f. Biological Specialists
    - g. Radiological Specialists
    - h. Technical Rescue Operations Specialists: confined space, building collapse, water rescue, high angle rescue, etc. FEMA/PEMA qualified Radiological Officer (RO)
    - i. FEMA/PEMA Qualified Radiological Response Team members
    - j. DOH-licensed EMT/Paramedic available through local and/or county
    - k. Advanced Life Support Service
    - l. Those certified at the Center for Domestic Preparedness Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) for Hazardous Materials Technician for CBRNE Incidents
- C. First responders (members of state, county, or local fire, EMS, police, or emergency service organizations) who regularly participate in HAZMAT responses and provide support in research functions, communications, or other support activities, should be familiar with the operations of the HMRT.

- D. The State Hazardous Material Safety Program requires that all teams follow and adhere to the safety standards found in the 29 CFR 1910.120 and NFPA® 472 insofar as to what constitutes the required number of response personnel at a given incident.

#### **XIV. CRIMINAL HISTORY CHECK**

- A. All members (volunteer, full, or part-time) shall have a criminal history check conducted prior to their employment and prior to each team re-certification. The criteria for employment will be based upon current, county-established human resources policies. Documentation shall be maintained by the Administrative Officer. Under no circumstances will a state-certified HMRT employ, or continue to employ, an individual who has been convicted of an offense graded a felony or its equivalent in another jurisdiction, state, territory, or country.
- B. Pennsylvania State Police offers criminal history checks for a fee. The Criminal History Request Form (SP-164) is available online.

#### **XV. GLOSSARY OF TERMS**

- A. ACT 165: Hazardous Material Emergency Planning and Response Act, 35 P.S. §§ 6022.101- 6022.307 (Act 165 of 1990).
- B. ADMINISTRATIVE OFFICER: The individual responsible for maintaining records and who has control over the administrative requirements for the HMRT.
- C. AUTHORIZED OFFICIAL: The individual responsible for the proper management and administration of the HMRT. He/she has authority to sign the Manual for Submitting a Request for Hazardous Materials Response Team Certification Assessment, Attachment D.
- D. AUTHORITY HAVING JURISDICTION (AHJ): The organization, office, or individual responsible for approving equipment, materials, and installation or a procedure.
- E. CERTIFIED HAZARDOUS MATERIAL RESPONSE TEAM: A team of individuals who are certified by the Commonwealth of Pennsylvania and organized by a commonwealth department or agency, county, local agency, regional HAZMAT organization, transporter, manufacturer, supplier, user of HAZMATs, volunteer service organization, or a private contractor for the primary purpose of providing emergency services to mitigate actual or potential immediate threats to public health and the environment in response to the release or threat of a release of a HAZMAT. Such a team is certified, trained, and equipped in accordance with Act 165.
- F. CERTIFIED: Successfully completed training and/or field experience required to meet the following training levels: Awareness, Operations, Technician, HAZMAT Specialist, HAZMAT Safety Officer, and HAZMAT Incident

Commander. It is highly recommend that HMRTs strive towards having all team members IFSAC/Pro Board Certified, but at a minimum will be certified to the OSHA 1910.120 standard.

- G. **COMPREHENSIVE ENVIRONMENTAL RESPONSE, COMPENSATION AND LIABILITY ACT (CERCLA)**, 42 U.S.C. §§ 9601 - 9675, as amended: Federal law which addresses hazardous substance releases into the environment and the cleanup of inactive hazardous waste disposal sites.
- H. **EMERGENCY**: Sudden unforeseen event needing prompt action, without which public health and safety may be jeopardized.
- I. **RESPOND**: A coordinated response effort by HMRT members from outside the immediate release area or by other designated responders to an occurrence which has resulted in, or is likely to result in, an uncontrolled release of a hazardous substance.
- J. **EXTREMELY HAZARDOUS SUBSTANCE**: A substance appearing on the list of extremely hazardous substances published by the administrator of the Federal Environmental Protection Agency under the authority of Section 302 of the Federal Emergency Planning and Community Right-to-Know Act 42 U.S.C. § 11002, as amended, promulgated in 40 CFR 355, Appendix A, or appearing on any successor list of extremely hazardous substances published by the administrator of the Federal Environmental Protection Agency.
- K. **FACILITY**: All buildings, structures, and other stationary items which are located on a single site, contiguous, or adjacent site which are owned or operated by the same person and which actually manufacture, produce, use, transfer, store, supply, or distribute any HAZMAT. The term includes railroad yards and truck terminals, but does not include individual trucks, rolling stock, water vessels, airplanes, or other transportation vehicles.
- L. **HAZARDOUS MATERIAL**: For the purposes of this Directive and related references, it is important to understand that the definition of this term is dependent upon its usage. It is defined in Pennsylvania's Act 165 and in the 49 CFR 171.8.
- M. **HAZARDOUS MATERIALS OFFICER**: The person who is responsible for directing and coordinating all operations involving hazardous materials/WMD as assigned by the incident commander. The position is defined in NFPA® 472, and is mandatory at all HAZMAT incidents.
- N. **HAZARDOUS MATERIALS SAFETY OFFICER**: The person who works within the NIMS to ensure that recognized safe practices are followed within the HAZMAT branch. The position is defined in NFPA® 472, and is mandatory at all HAZMAT incidents.

- O. **HAZARDOUS SUBSTANCE Act 165:** For the purposes of this Directive and related references, it is important to understand that the definition of this term is dependent upon its usage. It is defined in Pennsylvania's Act 165, by the 40 CFR 302.3, and in the 49 CFR 171.8.
- P. **HAZARDOUS WASTE** as it relates to the definition of hazardous material: For the purposes of this Directive and related references, it is important to understand that the definition of this term is dependent upon its usage. It is defined in the 40 CFR 261.3.
- Q. **HEALTH HAZARD** as it relates to the definition of hazardous material in 29 CFR 1910. 1200: A chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees. The term "health hazard" includes chemicals which are carcinogens, toxic, or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, and neurotoxins, agents which act on the hematopoietic system and agents which damage the lungs, skin, eyes, or mucous membranes.
- R. **INCIDENT:** An occurrence or event, natural or human caused, that requires an emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wild-land and urban fires, floods, HAZMAT spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.
- S. **INCIDENT COMMANDER:** The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and release of resources. The Incident Commander has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.
- T. **NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS):** A system mandated by HSPD-5 that provides a consistent, nationwide approach for federal, state, local, and tribal governments, the private sector, and NGOs to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity See December 2004 National Response Plan | 69 70.
- U. **PERSON (ACT 165):** An individual, corporation, firm, association, public utility, trust, estate, public or private institution, group, commonwealth or local agency, political subdivision, and any legal successor, representative, or agency of the foregoing. This term is also defined in another manner by the EPA and by the PHMSA.

- V. PHMSA: United States Department of Transportation Pipeline and Hazardous Material Safety Administration.
- W. REFRESHER TRAINING: Current members shall receive refresher training annually. The training for members who are currently certified shall be of sufficient content and duration to maintain their competencies or they shall demonstrate competency in those areas.
- X. RELEASE, ACT 165: The Act defines release as any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment of a HAZMAT, including, but not limited to, the abandonment or discarding of barrels, containers, and other receptacles containing a HAZMAT.
- Y. RELEASE, Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA): Section 101(22) defines release as any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment (including the abandonment or discarding of barrels, containers, and other closed receptacles containing any hazardous substance or pollutant or contaminant).
- Z. RELEASE, DEP, Title 25, Chapter 245.1: Spilling, leaking, emitting, discharging, escaping, leaching, or disposing of a contaminant into surface waters and ground waters of this commonwealth or soils or subsurface soils in an amount equal to, or greater than, the reportable release quantity determined under Section 102 of CERCLA (42 U.S.C.A. § 9602), and regulations promulgated thereunder, or an amount equal to or greater than a discharge as defined in section 311 of the Federal Water Pollution Control Act (33 U.S.C.A. § 1321) and regulations promulgated there under. Release also includes spilling, leaking, emitting, discharging, escaping, leaching, or disposing into a containment structure or facility that poses an immediate threat of contamination of the soils, subsurface soils, surface water, groundwater, or air contaminants emitted into the outdoor atmosphere.
- AA. RELEASE, 40 CFR 302.3: Any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment (including the abandonment or discarding of barrels, containers, and other closed receptacles containing any hazardous substance or pollutant or contaminant), but excludes:
  - 1. Any release which results in exposure to persons solely within a workplace, with respect to a claim which such persons may assert against the employer of such persons;
  - 2. Emissions from the engine exhaust of a motor vehicle, rolling stock, aircraft, vessel, or pipeline pumping station engine;
  - 3. Release of source, byproduct, or special nuclear material from a nuclear incident, as those terms are defined in the Atomic Energy Act of 1954, if such release is subject to requirements with respect to financial protection established by the Nuclear Regulatory Commission under section 170 of

such Act, or for the purposes of section 104 of CERCLA or any other response action, any release of source, byproduct, or special nuclear material from any processing site designated under section 102(a)(1) or 302(a) of the Uranium Mill Tailings Radiation Control Act of 1978;

4. The normal application of fertilizer.
- BB. **REPORTABLE QUANTITY (RQ):** The quantity of a hazardous substance that, if released into the environment, may present substantial danger to the public health or welfare, or the environment and must be reported to the National Response Center. RQs are set forth in 40 CFR 302 and in the 49 CFR 172.102, Appendix A, and were established under CERCLA Section 102 as a trigger for notification of the federal government when hazardous substances are released. The release of a hazardous substance that equals or exceeds its RQ must be reported immediately to the National Response Center and PEMA as required by ACT 165.
- CC. **RESPONSE DISTRICT:** The distance the HMRT shall travel in two hours, under normal conditions, to arrive at the incident site. In most cases, this can be extended to a 100-mile radius from the base station.
- DD. **REGIONAL HAZARDOUS MATERIAL ORGANIZATION:** A for profit corporation, nonprofit corporation, joint venture, or authority formed under the laws of this commonwealth, which either contracts with, or is organized by, one or more commonwealth departments and/or agencies, local agencies, or volunteer service organizations for the purpose of creating, training, equipping, maintaining, and providing one or more HMRTs to serve any specific geographic area as approved by the Pennsylvania Emergency Management Council, within but not limited to, the commonwealth under this act.
- EE. **SARA TITLE III: Federal Emergency Planning and Community Right-to-Know,** 42 U.S.C. § 11002, as amended, promulgated in 40 CFR § 355, Appendix A, specifies requirements for an organizing and planning process at state and local levels for specified extremely hazardous substances, minimum plan content, requirements for fixed facility owners, and operators to inform officials about extremely hazardous substances present at the facility, and mechanisms for making information about extremely hazardous substances available to citizens.
- FF. **ROLLING STOCK:** Any railroad tank car, railroad boxcar, intermodal units, or other railroad freight car as defined in 49 CFR 215, or its successor, that contains an extremely hazardous substance in excess of the threshold planning quantity established for such substance and is used as a storage site for such substance.
- GG. **TECHNICAL ASSISTANCE:** Personnel, agencies to include shippers, manufacturers, or printed materials that provide technical information on handling HAZMATs.

- HH. TOXIC CHEMICAL (as it relates to the definition of hazardous material): A substance appearing on the list of chemicals described in section 313 of SARA (Title III, Public Law 99-499, 42 U.S.C. § 11023), as set forth at 40 CFR Part 372, or appearing on any successor list of chemicals set forth in the Code of Federal Regulations under the authority of section 313 of SARA, Title III.
  
- II. WEAPONS OF MASS DESTRUCTION (WMD): Weapons--nuclear, biological, chemical, and radiological--and their means of delivery that are capable of a high order of destruction and/or of being used in such a manner as to destroy large numbers of people or cause significant infrastructure damage.

## **XVI. INFORMATION**

For additional information or answers to your questions, please contact the Bureau of Planning and Preparedness, Technological Hazards Division, at 717-651-2158.

## ATTACHMENT 1

### ADDRESSES OF PEMA HEADQUARTERS AND AREA OFFICES

**PEMA Headquarters:**

2605 Interstate Drive  
Harrisburg, Pennsylvania 17110  
(717) 651- 2214

**PEMA Central Area:** Adams, Bedford, Blair, Bradford, Centre, Clinton, Cumberland, Dauphin, Fulton, Franklin, Huntingdon, Juniata, Lancaster, Lebanon, Lycoming, Mifflin, Perry, Potter, Snyder, Sullivan, Tioga, Union, and York Counties

2605 Interstate Drive  
Harrisburg, Pennsylvania 17110  
(717) 651-7060

**PEMA Eastern Area:** Berks, Bucks, Carbon, Chester, Columbia, Delaware, Lackawanna, Lehigh, Luzerne, Monroe, Montgomery, Montour, Northampton, Northumberland, Philadelphia, Pike, Schuylkill, Susquehanna, Wayne, and Wyoming Counties

3566 Old Route 22  
Hamburg, Pennsylvania 19526  
(610) 562-3003

**PEMA Western Area:** Allegheny, Armstrong, Beaver, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Somerset, Venango, Warren, Washington, and Westmoreland Counties

276 Stormer Road  
Indiana, Pennsylvania 15701  
(724) 357-2990

**THIS PAGE IS INTENTIONALLY LEFT BLANK**

ATTACHMENT 2

COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY

APPLICATION FOR INITIAL/RE-CERTIFICATION  
OF A HAZARDOUS MATERIALS RESPONSE TEAM

The \_\_\_\_\_ hereby submits an application for initial  
(Company or County name)  
certification/re-certification (circle one) of its hazardous material response team (hereinafter referred to as the "HMRT") by the Pennsylvania Emergency Management Agency (hereinafter referred to as "PEMA").

The following information and documentation are submitted to PEMA in support of this application:

1. The entity that organized and formed the HAZMAT team is: (name and address of governmental unit, corporation, volunteer service organization, etc.)
  - a. Name: \_\_\_\_\_
  - b. Street: \_\_\_\_\_
  - c. City/ZIP: \_\_\_\_\_
  
2. The Authorized Official (overall responsible for the team and signs the application)
  - a. Name: \_\_\_\_\_
  - b. Street: \_\_\_\_\_
  - c. City/ZIP: \_\_\_\_\_
  - d. Phone (work): \_\_\_\_\_
  - e. Email address: \_\_\_\_\_
  
3. The person administratively responsible for the HAZMAT team (may be characterized as the administrative officer):
  - a. Name: \_\_\_\_\_
  - b. Street: \_\_\_\_\_
  - c. City/ZIP: \_\_\_\_\_
  - d. Phone (work): \_\_\_\_\_
  - e. Phone (alternate): \_\_\_\_\_
  - f. Email address: \_\_\_\_\_
  
4. List each county for which the HAZMAT team is responsible for providing HAZMAT response. Attach a Statement of Agreement, Attachment 3 of the PEMA, Emergency Management Directive, Certified Hazardous Materials Response Team in Pennsylvania for each county.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. The applicant has included a team roster that identifies the training certification and criminal history check for each member, Attachment 4 of PEMA, Emergency Management Directive Certified Hazardous Materials Response Team in Pennsylvania.

6. The applicant certifies that the required apparatus, equipment inventory, and supplies listed in Attachments 4, 5, 6, 7, 8, and 9 of PEMA Directive D2013-xx, *Certified Hazardous Materials Response Team State Certification/Re-certification Criteria* are on hand or, if authorized, available by simultaneous dispatch and are used by the HAZMAT team for emergency response purposes within the service area.
7. The applicant certifies that it has prepared an emergency response plan and procedures in accordance with 29 CFR 1910.120(q) (2) and (3). This plan is an addendum to Emergency Support Function (ESF) - # 10 of the appropriate county Emergency Operations Plan (EOP) under the authority of the Emergency Management Services Code (35 Pa. C.S., Section 7101 et seq.) and Act 1990-165, as amended.
8. The applicant certifies that it has prepared a personal protective equipment program for its HAZMAT team as required by 29 CFR 1910.120(g) (5) and (q) (2).
9. The applicant certifies that it has instituted a medical surveillance program for members of its HAZMAT team in accordance with 29 CFR 1910.120(q) (9). The applicant agrees to keep each individual's medical records on file for thirty (30) years after the date that the individual leaves the HAZMAT team.
10. The applicant certifies that it provides, either directly or by agreement with a third party, workers' compensation and ordinary public liability insurance for all members of its HAZMAT team as required by Section 209(h) of the Hazardous Material Emergency Planning and Response Act (Act 1990-165, as amended).
11. The HMRT will comply with all the requirements established in PEMA Directive D2013-xx, *Hazardous Material Response Team State Certification/Re-certification Criteria*.

I, the undersigned Authorized Official of \_\_\_\_\_ do hereby  
(Team/County Name)

certify that the filing of this Application is duly authorized and that the statements made in this application and all attachments submitted with this application are true and correct to the best of the knowledge and belief of the undersigned and are submitted as a basis for receiving certification/re-certification for the applicant's hazardous material response team from the Pennsylvania Emergency Management Agency as authorized by the Hazardous Material Emergency Planning and Response Act (Act 1990-165, as amended).

\_\_\_\_\_  
 Authorized Official  
 Date

NOTARIZATION SEAL

Sworn to and subscribed before me this \_\_\_\_ day  
 of \_\_\_\_\_, 20\_\_\_\_

Notary Public

**THIS PAGE IS INTENTIONALLY LEFT BLANK**

### ATTACHMENT 3A

**Note:** To be completed by counties with County Commissioners

**STATEMENT:** We, the undersigned officials on behalf of \_\_\_\_\_ County, do hereby state that we have met with representatives of \_\_\_\_\_, a state-certified HAZMAT team, to discuss continuation of hazardous material response coverage within our county. Based upon those discussions we have agreed that said team would continue to provide PRIMARY/SECONDARY (circle one) response coverage until our agreement has terminated. The representatives of \_\_\_\_\_ have agreed to notify  
(Hazardous Materials Response Team)

The Pennsylvania Emergency Management Agency (PEMA) if the team has not received state re-certification or can no longer provide HAZMAT response coverage for our county. The county Emergency Management Agency and 9-1-1 Center will comply with the requirements established in Act 165 and the current PEMA Emergency Management Directive for Certified Hazardous Material Response Teams in Pennsylvania. A copy of the official contract between these two parties shall be maintained with the county Emergency Management Coordinator.

**OR**

On behalf of \_\_\_\_\_ County, we do hereby state that we have met with representatives of \_\_\_\_\_ to discuss hazardous material response coverage  
(Hazardous Materials Response Team)

within our county. Based upon those discussions, we have agreed that should the applicant receive certification from the Pennsylvania Emergency Management Agency (PEMA), \_\_\_\_\_ County intends to enter into a contract with the applicant's Hazardous Materials Response Team to provide Primary response coverage within our county. The county Emergency Management Agency and 9-1-1 Center will comply with the requirements established in Act 165 and the current PEMA Directive for Certified Hazardous Material Response Teams in Pennsylvania. When executed, a copy of the official contract between these two parties shall be maintained with the county Emergency Management Coordinator.

It is our understanding, should the applicant not receive certification or become de-certified, \_\_\_\_\_ County must take other actions to remain in compliance with Section 209(e) of Act 1990-165, as amended.

We, the undersigned officials, understand our responsibility to ensure each time the HAZMAT team is officially dispatched, the county Emergency Management Director, 9-1-1 Center, or equivalent will make notifications to the State Emergency Operations Center in accordance with the Pennsylvania Hazardous Material Emergency Planning and Response Act, Act 1990-165, as amended (Act 165) Section 206. Emergency Notification Requirements (a)(2).

COUNTY OF \_\_\_\_\_

By: \_\_\_\_\_  
*County Commissioner*

Printed Name: \_\_\_\_\_

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

By: \_\_\_\_\_  
*County Commissioner*

Printed Name: \_\_\_\_\_

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

By: \_\_\_\_\_  
*County Commissioner*

Printed Name: \_\_\_\_\_

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

\_\_\_\_\_  
*Chief Clerk* *Date*

**Note:** This form is not required for county governments whose commissioners, executives or other officials sign the Application for Initial/Re-Certification of a Hazardous Materials Response Team.

**ATTACHMENT 3B**

**Note:** To be completed by Home Rule Counties

**STATEMENT:** On behalf of \_\_\_\_\_ County, I do hereby state that \_\_\_\_\_ County has met with representatives of \_\_\_\_\_,

(Hazardous Materials Response Team)

a state-certified HAZMAT team, to discuss continuation of hazardous material response coverage within said County. Based upon those discussions, it is agreed that said team would continue to provide PRIMARY/SECONDARY (circle one) response coverage until the agreement has terminated. The representatives of \_\_\_\_\_ have agreed to notify

(Hazardous Materials Response Team)

\_\_\_\_\_ County if the team has not received state re-certification or can no longer provide HAZMAT response coverage for the County. The County Emergency Management Agency and 9-1-1 Center will comply with the requirements established in Act 165 and the current Pennsylvania Emergency Management Agency (PEMA) Emergency Management Directive for Certified Hazardous Material Response Teams in Pennsylvania. A copy of the official contract between these two parties shall be maintained with the county Emergency Management Coordinator.

**OR**

On behalf of \_\_\_\_\_ County, I do hereby state that the County has met with representatives of \_\_\_\_\_ to discuss hazardous material response

(Hazardous Materials Response Team)

coverage within \_\_\_\_\_ County. Based upon those discussions, it is agreed that should the applicant receive certification from the Pennsylvania Emergency Management Agency (PEMA), \_\_\_\_\_ County intends to enter into a contract with the applicant's Hazardous Materials Response Team/Company to provide Primary response coverage within \_\_\_\_\_ County. The county Emergency Management Agency and 9-1-1 Center will comply with the requirements established in Act 165 and the current PEMA Directive for Certified Hazardous Material Response Teams in Pennsylvania. When executed, a copy of the official contract between these two parties shall be maintained with the \_\_\_\_\_ County Emergency Management Coordinator.

It is my understanding, should the applicant not receive certification or become de-certified, \_\_\_\_\_ County must take other actions to remain in compliance with Section 209(e) of Act 1990-165, as amended.

I understand that it is the responsibility of \_\_\_\_\_ County to ensure that each time the HAZMAT team is officially dispatched, the County Emergency Management Director, 9-1-1 Center, or equivalent will make notifications to the State Emergency Operations Center in accordance with the Pennsylvania Hazardous Material Emergency Planning and Response Act, Act 1990-165, as amended (Act 165) Section 206. Emergency Notification Requirements (a)(2).

COUNTY OF \_\_\_\_\_

By: \_\_\_\_\_  
*County Executive*

Printed Name: \_\_\_\_\_

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

**Note:** This form is not required for county governments whose commissioners, executives or other officials sign the Application for Initial/Re-Certification of a Hazardous Materials Response Team.



Name of Employee	Highest level of Training attained	Pro Board Certification (J)	*Date of Certification	Employee Status (F) Full Time (P) Part Time (V) Volunteer	Criminal History Check Date Completed	Medical Surveillance	
						Baseline Physical	Annual or as required
						Pass Date	Pass Date

**SPECIALIST EMPLOYEES**

Name of Employee:	Area of Specialty	Date Certified						

\* Documentation of each member's certificate shall be made available during inspection  
 \* Pro Board column is strictly for information gathering  
 Page: \_\_\_ of \_\_\_  
 HAZMAT Team Name: \_\_\_\_\_

## ATTACHMENT 5

<b>Management, Operations, and Training Questionnaire</b>			
Team:		Date:	
Inspectors Name:			
State Agency:			

<b>Management:</b>		
Sub-element 1.a – Direction and Control		
Sub-element 1.b – Communications		
Sub-element 1.c – Support		
Sub-element 1.d – Safety and Health Program		
Item #	Description	Remarks
1	What type of team is being inspected?	<input type="checkbox"/> County Government <input type="checkbox"/> Commonwealth Agency <input type="checkbox"/> A Volunteer Service Organization <input type="checkbox"/> Non Government Organization (NGO)
2	Does the Team provide HAZMAT support to another county?	List counties the team supports:
3	How many full time employees manage/oversee the program?	
4	Does management supplement the response plan by incorporating local first response organizations, provide training? Equipment?	
5	Management coordinates an effective notification/dispatch policy with the County EMA/9-1-1 Center? Is this policy in writing or only a verbal agreement?	<input type="checkbox"/>
6	Management informs team members of policy and procedures, events, and training opportunities effectively? Documented training or validation by each member?	<input type="checkbox"/>
7	Management supports/coordinates response policy with the Regional Task Force? Is a response plan collaborated with the region?	<input type="checkbox"/>



Item #	Description	Remarks
13	Funding sources used by the team:	<input type="checkbox"/> Grant <input type="checkbox"/> Response Costs <input type="checkbox"/> County
14	Is the HMRT registered to use PennFIRS? Does the HMRT file reports with PennFIRS?	<input type="checkbox"/> <input type="checkbox"/>
15	The team establishes an Incident Management System?	<input type="checkbox"/>
16	The Team provides input to the Hazardous Material Emergency Response Preparedness Report?	<input type="checkbox"/>
17	Is a system in place to track responses (fuel spill level 1; entry)?	<input type="checkbox"/>
18	Is the team categorized as a Type I or Type II (NIMS)	Reserved for Future Use

**THIS PAGE IS INTENTIONALLY LEFT BLANK**

**Operations:**

Sub-element 2.a – Direction and Control

Sub-element 2.b – Communications

Sub-element 2.c – Support

Sub-element 2.d – Safety and Health Program

Sub-element 2.e – Post Emergency Response Operations

Item #	Description	Remarks
1	How is the team dispatched?	
2	The team conducts an annual review and updates the hazardous materials emergency plan?	<input type="checkbox"/>
3	The team consists of the specific number of certified personnel in order to receive and maintain certification? One hazardous materials officer One hazardous materials safety officer Seven hazardous materials technicians One medical specialist (i.e., a Pennsylvania Department of Health (PaDOH) Certified Emergency Medical Technician (EMT), Paramedic, or a licensed occupational health nurse or a licensed physician) or dedicated EMS company	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dedicated EMS Co (ALS / BLS) <input type="checkbox"/> Team EMS personnel
4	Does the county have other specialized response teams that work with the HMRT?	
5	Does the response involve first response organizations from other than team members, i.e., local fire departments; are they trained and equipped to perform DECON operations?	
6	The team conducts after-incident critiques?	<input type="checkbox"/>
7	The team has the capability to detect / monitor WMD chemicals?	<input type="checkbox"/>
8	The team has the capability to perform DECON? Mass and/or technical DECON available?	<input type="checkbox"/>



6	<p>Weapons of Mass Destruction (WMD) Training program shall include:  A minimum level of training shall be established.  The course curriculum and Training Course Matrix are listed in the training program catalog.  At a minimum, each team member shall successfully accomplish Emergency Response to Terrorism: Basic Concepts.  WMD Training shall be based on the duties and functions to be performed. The skill and knowledge levels required for new members and those hired after the effective date of this standard shall be implemented by the HMRT as approved by the regional training committee.</p>	<input type="checkbox"/>
7	Each member has a training file?	<input type="checkbox"/>
8	The team follows training standards as established in OSHA? Are competencies adopted from NFPA standards?	<input type="checkbox"/>
9	The team follows the HSEEP concepts?	<input type="checkbox"/>
10	<p>Has the team satisfactorily participated, during the certification/re-certification period, in an evaluated exercise following HSEEP concepts developed by the county and approved by PEMA that involved responders in a preponderance of disciplines, and which required a full demonstration of capabilities to control a significant release/spill of a hazardous chemical and the environment, which was evaluated by an Exercise Assessment Team</p>	<input type="checkbox"/>
11	<p>Is there a vehicle safety program?  Does the team have Certified CDL drivers?</p>	<input type="checkbox"/> <input type="checkbox"/>

**THIS PAGE IS INTENTIONALLY LEFT BLANK**

## ATTACHMENT 6

<b>Personal Protective Equipment (PPE)</b>			
Team:		Date:	
Inspectors Name:			
State Agency:			

<b>References: 29 CFR 1910.120 (c) (5) Personal Protective Equipment PEMA Directive IV.A.5 Personal Protection Equipment</b>				
Item #	Description	Yes	No	Remarks
1	Vapor protective ensembles that meet NFPA 1991, most current edition. (two for entry, two for back-up and one spare)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Liquid splash-protective ensembles that meet NFPA 1992, most current edition (minimum 10 suits)	<input type="checkbox"/>	<input type="checkbox"/>	
3	Capabilities to enter / escape from flash fires as stated in NFPA 1991 most current edition	<input type="checkbox"/>	<input type="checkbox"/>	
4	Open-Circuit Self-Contained Breathing Apparatus (SCBA), 60-minute, CBRN certification (minimum of 6 CBRN certified units)	<input type="checkbox"/>	<input type="checkbox"/>	
5	NIOSH approved air purifying respirators, full-face with select cartridges	<input type="checkbox"/>	<input type="checkbox"/>	
6	Chemical resistant gloves based on risks, i.e., Nitrile, Butyl, Viton, disposable, leather, surgical (minimum of 12 pair each) Cryogenic gloves (minimum 6 pair)	<input type="checkbox"/>	<input type="checkbox"/>	
7	Chemical resistant boots (appropriate quantities)	<input type="checkbox"/>	<input type="checkbox"/>	
8	Safety equipment (safety glasses and goggles with side shields, hard hats; not fire helmet, Hearing protection) (appropriate quantities)	<input type="checkbox"/>	<input type="checkbox"/>	
9	Is there a written Personal Protection Equipment Program? Does the program include:	<input type="checkbox"/>	<input type="checkbox"/>	
	PPE selection based upon site hazards	<input type="checkbox"/>	<input type="checkbox"/>	
	PPE use and limitations of the equipment	<input type="checkbox"/>	<input type="checkbox"/>	
	Work mission duration	<input type="checkbox"/>	<input type="checkbox"/>	
	PPE maintenance and storage	<input type="checkbox"/>	<input type="checkbox"/>	
	PPE decontamination and disposal	<input type="checkbox"/>	<input type="checkbox"/>	
	PPE training and proper fitting	<input type="checkbox"/>	<input type="checkbox"/>	
	PPE donning and doffing procedures	<input type="checkbox"/>	<input type="checkbox"/>	
	PPE Inspection procedures prior to, during, and after use	<input type="checkbox"/>	<input type="checkbox"/>	
	Evaluation of the effectiveness of the PPE program, limitations during temperature extremes, heat stress, and other medical considerations	<input type="checkbox"/>	<input type="checkbox"/>	
12	Leak tests performed by a third party?	<input type="checkbox"/>	<input type="checkbox"/>	
	Who?	<input type="checkbox"/>	<input type="checkbox"/>	

Item #	Description	Yes	No	Remarks
13	If No, are the pressure tests performed by a qualified team member? Name?	<input type="checkbox"/>	<input type="checkbox"/>	
	Leak test kits available for level "A" suits?	<input type="checkbox"/>	<input type="checkbox"/>	
14	Documentation to validate the activity available?	<input type="checkbox"/>	<input type="checkbox"/>	
15	Is documentation available to validate the SCBA received a hydrostatic test?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is documentation available to validate the SCBA received a Flow test?	<input type="checkbox"/>	<input type="checkbox"/>	
16	Is there a written respiratory protection program? Does the program include:	<input type="checkbox"/>	<input type="checkbox"/>	
	Procedures for selecting respirators	<input type="checkbox"/>	<input type="checkbox"/>	
	Medical evaluations of employees required using respirators	<input type="checkbox"/>	<input type="checkbox"/>	
	Fit testing procedures for tight-fitting respirators	<input type="checkbox"/>	<input type="checkbox"/>	
	Is the fit test (RPP) performed by a certified person?	<input type="checkbox"/>	<input type="checkbox"/>	
	Procedures for proper use of respirators in emergency situations	<input type="checkbox"/>	<input type="checkbox"/>	
	Procedures and schedules for maintaining respirators	<input type="checkbox"/>	<input type="checkbox"/>	
	Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere – supplying respirators	<input type="checkbox"/>	<input type="checkbox"/>	
Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations	<input type="checkbox"/>	<input type="checkbox"/>		

**ATTACHMENT 7**

**Specialized Equipment**

<b>Team:</b>		<b>Date:</b>	
<b>Inspectors Name:</b>			
<b>State Agency:</b>			

**Reference Material**

Item #	Description	Yes	No	Remarks
<b>1</b>	Maintain the capability to access current reference materials for the following hazardous material data/information:			
	Substance Identification	<input type="checkbox"/>	<input type="checkbox"/>	
	Chemical and Physical properties	<input type="checkbox"/>	<input type="checkbox"/>	
	Fire Hazards	<input type="checkbox"/>	<input type="checkbox"/>	
	Health Hazard Information	<input type="checkbox"/>	<input type="checkbox"/>	
	Exposure Limits	<input type="checkbox"/>	<input type="checkbox"/>	
	Monitoring and Measurement Procedures	<input type="checkbox"/>	<input type="checkbox"/>	
	Personal Protective Equipment / Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>	
	Common Operations and Control Measures	<input type="checkbox"/>	<input type="checkbox"/>	
	Emergency First Aid Procedures	<input type="checkbox"/>	<input type="checkbox"/>	
	CAS Registry Cross-Index	<input type="checkbox"/>	<input type="checkbox"/>	
	DOT Guide Number Cross-Index	<input type="checkbox"/>	<input type="checkbox"/>	
	Synonym Cross-Index	<input type="checkbox"/>	<input type="checkbox"/>	
	This information may be accessed via electronic local files (Digital Media), Hard Copy, and/or Internet (at least two methods must be available for redundancy).			
Electronic local files (Digital Media)	<input type="checkbox"/>	<input type="checkbox"/>		
Hard Copy	<input type="checkbox"/>	<input type="checkbox"/>		
Internet	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2</b>	North American Emergency Response Guidebook (most current edition) ISBN: 0-16-05173-3 (Free)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3</b>	Responder information on Bacterial Agents, Viral Agents/and Biological Toxins	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4</b>	Chemical Dictionary	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5</b>	EPA List of Lists Consolidated List of Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6</b>	Large regional map topographical (USGS), Highway Maps and County and City maps	<input type="checkbox"/>	<input type="checkbox"/>	
<b>7</b>	List of SARA Planning Facilities with the response zone	<input type="checkbox"/>	<input type="checkbox"/>	
<b>8</b>	Radiation in Transportation Resources	<input type="checkbox"/>	<input type="checkbox"/>	
<b>9</b>	Tank Car Identification/Information	<input type="checkbox"/>	<input type="checkbox"/>	
<b>10</b>	Pesticide Information	<input type="checkbox"/>	<input type="checkbox"/>	
<b>11</b>	Medical Reference	<input type="checkbox"/>	<input type="checkbox"/>	

Item #	Description	Yes	No	Remarks
<b>Physical Methods of Mitigation</b>				
1	Basic Patch Kits (Edwards – Cromwell or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Assorted plugs and wedges (wood)	<input type="checkbox"/>	<input type="checkbox"/>	
3	Emergency kit for 100# cylinder (Chlorine “A” Kit)	<input type="checkbox"/>	<input type="checkbox"/>	
4	Emergency kit for Ton Container (Chlorine “B” Kit)	<input type="checkbox"/>	<input type="checkbox"/>	
5	Emergency kit for Rail Car (Chlorine “C” Kit (Optional if no rail service in response or mutual aid area)	<input type="checkbox"/>	<input type="checkbox"/>	
6	Overpacks and recovery drums, lab pacs (Assorted sizes and quantities)	<input type="checkbox"/>	<input type="checkbox"/>	
7	Rolled Visqueen/PVC/plastic sheeting	<input type="checkbox"/>	<input type="checkbox"/>	
8	Mercury spill kit	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Chemical Methods of Mitigation</b>				
9	Quantities of neutralizer Acid – Access to, with a minimum 50 pounds (or equivalent) on hand	<input type="checkbox"/>	<input type="checkbox"/>	
	Caustic – Access to, with a minimum 50 pounds (or equivalent) on hand	<input type="checkbox"/>	<input type="checkbox"/>	
10	Assortment of selective and non-selective booms, socks, bag sheets, pillows, pads, etc. for use as absorbent and adsorbent	<input type="checkbox"/>	<input type="checkbox"/>	
11	Foam solution, foam concentrates or water additives required to neutralize, minimize vapor release; quantity based on available resources, risk, and transportation commodities	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Suppression Equipment (chemical and metals)</b>				
12	Capability to extinguish small chemical/metal fires: Dry chemical Purple K	<input type="checkbox"/>	<input type="checkbox"/>	
13	Access to Class D agent – 2/30# minimum one ea MTL X or one ea LITHIX for lithium fires and an identified resource of large amounts of Class D agents, sand, or dirt for large/industrial-type fires	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Tools – It is required that non-sparking tools be used where applicable</b>				
14	Assortment of basic sockets, wrenches, hammers, pliers, screwdrivers brushes drill bits saws etc.	<input type="checkbox"/>	<input type="checkbox"/>	
15	Grounding equipment/bonding equipment/grounding meter	<input type="checkbox"/>	<input type="checkbox"/>	
16	Hand truck/drum dolly	<input type="checkbox"/>	<input type="checkbox"/>	
17	Hydraulic power rescue tool with assorted attachments (available to teams through mutual aid)	<input type="checkbox"/>	<input type="checkbox"/>	
18	Drum opener	<input type="checkbox"/>	<input type="checkbox"/>	
19	Shovels – round-point or square-point	<input type="checkbox"/>	<input type="checkbox"/>	
20	Saws, axes, and pry bars	<input type="checkbox"/>	<input type="checkbox"/>	

Item #	Description	Yes	No	Remarks
21	Come-a-long (pulley)	<input type="checkbox"/>	<input type="checkbox"/>	
22	Assorted cribbing	<input type="checkbox"/>	<input type="checkbox"/>	
23	Capabilities to perform operations-level tasks, with pads, booms, drainage covers etc., dam and dike material	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Decontamination Equipment</b>				
Capability to perform physical and chemical decontamination. If a higher level of capability is available, it must be available at time of certification inspection.				
24	Show equipment and capability to perform wet and dry technical decon	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Communications Equipment</b>				
25	Capability for HAZMAT Team to communicate with the: Incident Commander	<input type="checkbox"/>	<input type="checkbox"/>	
	County Emergency Management Coordinator (EMC) or 9-1-1 or Emergency Operations Center	<input type="checkbox"/>	<input type="checkbox"/>	
	If capability does not exist, a Command Post with this capability must be simultaneously dispatched with the team	<input type="checkbox"/>	<input type="checkbox"/>	
26	Capability for HAZMAT Team to communicate with all Entry Team Members and Branch Chiefs	<input type="checkbox"/>	<input type="checkbox"/>	
27	Capability for each Entry Team Member to communicate with at least the Back-Up Entry Team Communication Systems must be intrinsically safe. The radio and battery must meet the requirements of Underwriters Laboratories, Inc.®	<input type="checkbox"/>	<input type="checkbox"/>	
28	Capability for all Entry Team members to communicate with each other Communication systems must be intrinsically safe The radio and battery must meet the requirements of Underwriters Laboratories, Inc.®	<input type="checkbox"/>	<input type="checkbox"/>	
29	Alert pagers or other personal alerting system and other dispatch capabilities/units	<input type="checkbox"/>	<input type="checkbox"/>	
30	Mobile telephone	<input type="checkbox"/>	<input type="checkbox"/>	
31	Fax machine/laptop with data connection/tablet with data connection	<input type="checkbox"/>	<input type="checkbox"/>	



**ATTACHMENT 8**

<b>AIR MONITORING AND DETECTION EQUIPMENT QUESTIONNAIRE</b>			
<b>Team:</b>		<b>Date:</b>	
<b>Inspectors Name:</b>			
<b>State Agency:</b>			

**Monitoring and Detection Equipment**

Item #	Description	Yes	No	Remarks / Unit
1	Air monitoring capability – LEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Air monitoring capability – O <sub>2</sub>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Air monitoring capability – Toxic gases <input type="checkbox"/> CO <input type="checkbox"/> H <sub>2</sub> S <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other
4	Air monitoring capability – PID	<input type="checkbox"/>	<input type="checkbox"/>	
5	Radiological monitor (α β γ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Other
6	Heat scanner/thermal imager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Other
7	Thermometer – air, surface, and liquid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other
8	pH paper/meter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Other
9	PCB kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Other

Item #	Description	Yes	No	Remarks / Unit
10	HazCat Kit or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other:
11	CWA monitoring/detection capability for both the liquid and vapor phase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> M-8 Paper (booklet) <input type="checkbox"/> M-9 Paper (roll) <input type="checkbox"/> Paper-Chemical Agent Detector, 3-way Liq. (booklet) <input type="checkbox"/> M-256A1 Kit (foil pouch) <input type="checkbox"/> M-18A2 Kit (pouch) <input type="checkbox"/> C-2 Kit (vinyl-coated case) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other:
12	Ability to identify locations of gas chromatographic system for analysis: (DEP, Civil Support Team, or RCTTF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DEP <input type="checkbox"/> CST <input type="checkbox"/> Other:
13	Sampling containers			<input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Tedlar/Teflon Bags <input type="checkbox"/> Other:
14	Drum sampler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Thief <input type="checkbox"/> Coliwasa <input type="checkbox"/> Other
15	Are there written SOPs/SOGs for monitoring & detection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Detailed procedures specified in SOPs/SOGs <input type="checkbox"/> General procedures included in SOPs
16	Do the SOPs/SOGs specify the concurrent monitoring of ionizing radiation combustible/explosive conditions, oxygen deficiency and toxic substances during initial entries involving unknowns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Specified in SOPs/SOGs <input type="checkbox"/> Monitoring is done but not specified in SOPs/SOGs <input type="checkbox"/> Other:
17	For equipment requiring calibration (operationally or per the manufacturer) -- do the SOPs/SOGs require a daily calibration check (bump test) or full calibration prior to each day's use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Specified in SOPs/SOGs <input type="checkbox"/> Daily calibration is done but not specified in SOPs/SOGs <input type="checkbox"/> Other:

Item #	Description	Yes	No	Remarks / Unit
18	Is routine maintenance and calibration performed by a qualified team member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Routine Maintenance <input type="checkbox"/> Calibration
19	Are calibration records maintained for each piece of monitoring and detection equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand Log Sheets <input type="checkbox"/> Computerized records <input type="checkbox"/> Cal-station keeps Records <input type="checkbox"/> Other:
20	For equipment requiring calibration (operationally or per the manufacturer) – are records maintained of daily bump-tests / calibrations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand Log Sheets <input type="checkbox"/> Computerized records <input type="checkbox"/> Cal-station keeps Records <input type="checkbox"/> Other:
21	Are all expiration dates for sensors/tubes current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sensors current <input type="checkbox"/> Sensors expired <input type="checkbox"/> Tubes current <input type="checkbox"/> Tubes expired <input type="checkbox"/> Tubes N/A

Inspection Summary – Air Monitoring and Detection Equipment			
Assessment Criteria	Results		Comments
Equipment requirements for monitoring / detection	<input type="checkbox"/>	Meets or exceeds	
	<input type="checkbox"/>	Problems noted	
Written SOPs/SOGs for monitoring and detection	<input type="checkbox"/>	Meets or exceeds	
	<input type="checkbox"/>	Problems noted	
Equipment maintenance/calibration	<input type="checkbox"/>	Meets or exceeds	
	<input type="checkbox"/>	Problems noted	
Calibration records	<input type="checkbox"/>	Meets or exceeds	
	<input type="checkbox"/>	Problems noted	

**THIS PAGE IS INTENTIONALLY LEFT BLANK**

### ATTACHMENT 9

MEDICAL SURVEILLANCE PROGRAM QUESTIONNAIRE							
Team:				Date:			
Inspectors Name:							
State Agency:							
				Yes	No	N/A	
<b>1</b>	Has the employers developed and implemented a written safety and health program for their employees involved in hazardous waste operations - <span style="color: red;">1910.120(b)(1)(i):</span>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Note:</b>							
<b>Does the written safety and health program incorporate - <span style="color: red;">1910.120(b)(1)(ii) - 1910.134(c)(1):</span></b>							
<b>2</b>	<b>A</b>	The medical surveillance program.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>B</b>	Standard operating procedures for safety and health.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>C</b>	Written respiratory protection program.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>							
<b>Does the medical surveillance program instituted by the employer include all employees - <span style="color: red;">1910.120(f)(2)(i):</span></b>							
<b>3</b>	<b>A</b>	Who are or may be exposed to hazardous substances or health hazards at or above the established permissible exposure limit, above the published exposure levels for these substances, without regard to the use of respirators for 30 days or more a year.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>B</b>	Who wear a respirator for 30 days or more a year or as required by 1910.134.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>C</b>	Who are injured, become ill, or develops signs or symptoms due to possible overexposure involving hazardous substances or health hazards from an emergency response or hazardous waste operation.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	All members of the HAZMAT team.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>							
<b>Are there provisions for Medical Examinations and Consultations to be made available by the employer to each employee:</b>							
<b>4</b>	<b>A</b>	Prior to assignment.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>B</b>	Before the employee is fit tested or required to use the respirator in the workplace.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>C</b>	As soon as possible, upon notification by an employee, that the employee has developed signs or symptoms indicating possible overexposure to hazardous substances or health hazards.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	As soon as possible, upon notification by an employee, that the employee has been injured or exposed above the permissible exposure limits or published exposure levels in an emergency situation.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>E</b>	For employees who may have been injured, received a health impairment, developed signs or symptoms which may have resulted from exposure to hazardous substances resulting from an emergency incident.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

			Yes	No	N/A
4	F	For employees who may have been exposed during an emergency incident to hazardous substances at concentrations above the permissible exposure limits or the published exposure levels without the necessary personal protective equipment being used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G	At the end of employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	H	At additional times, if the examining physician determines that follow-up examinations or consultations are medically necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I	At least once every twelve months for each employee unless the attending physician believes a longer interval (not greater than biennially) is appropriate – <b>They must have a written document from the Physician with the recommendation they can extend the physical requirements two years.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	J	More frequent depending on the extent of potential or actual exposure, the type of chemicals involved, the duration of the work assignment, and the individual worker's profile.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	K	By or under the supervision of a licensed physician, preferably one knowledgeable in occupational medicine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	L	Without cost to the employee, without loss of pay, and at a reasonable time and place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note:** 1910.120(f)(3); 1910.120(f)(5); 1910.134(e)(1)

Termination examination may be limited to obtaining an interval medical history of the period since the last full examination (consisting of medical history, physical examination, and laboratory tests) if all three following conditions are met:

The last full medical examination was within the last 6 months. No exposure occurred since the last examination.

5	<b>Are the following provided to the attending physician:</b>				
	A	One copy of 29 CFR 1910.120 and its appendices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B	One copy of 29 CFR 1910.134 Section (e).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C	A description of the employee's duties as they relate to the employee's exposures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D	The employee's exposure levels or anticipated exposure levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E	A description of any personal protective clothing and equipment used or to be used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F	Information from previous medical examinations of the employee which is not readily available to the examining physician made available to the attending physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G	The type and weight of the respirator to be used by the employee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	H	The duration and frequency of respirator use (including use for rescue and escape).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I	The expected physical work effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	J	Temperature and humidity extremes that may be encountered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	A copy of the written respiratory protection program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Note: 1910.120(f)(6) & 1910.134(e)(5)** When the employer replaces a Physician or Other Licensed Health Care Professional (PLHCP), the employer must ensure that the new PLHCP obtains this information, either by providing the documents directly to the PLHCP or having the documents transferred from the former PLHCP to the new PLHCP. However, OSHA does not expect employers to have employees medically reevaluated solely because a new PLHCP has been selected.

**Note:**

Yes No N/A

<b>Does the employer obtain and furnish the employee with a copy of a written opinion from the examining physician containing:</b>		Yes	No	N/A
<b>6</b>	<b>A</b> The physician's opinion as to whether the employee has any detected medical conditions which would place the employee at increased risk of material impairment of the employee's health from work in hazardous waste operations or emergency response, or from respirator use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>B</b> The physician's recommended limitations upon the employee's assigned work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>C</b> The results of the medical examination and tests if requested by the employee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b> A statement that the employee has been informed by the physician of the results of the medical examination and any medical conditions which require further examination or treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>E</b> A written assessment of the worker's capacity to perform while wearing a respirator if wearing a respirator is a job requirement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note: 1910.120(f)(7)(i)** The written opinion obtained by the employer shall not reveal specific findings or diagnoses unrelated to occupational exposure. Occupational Safety and Health Administration (OSHA) respirator standard (29 CFR Part 1910.134) states that no employee should be assigned to a task that requires the use of a respirator unless it has been determined that the person is physically able to perform under such conditions.

**Note:**

<b>7</b>	Are medical records maintained and preserved on exposed workers for 30 years after they leave employment IAW (29 CFR Part 1910.1020).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----------	---	--------------------------	--------------------------	--------------------------

**Note: 1910.1020(d)(1)(i)** Nothing in this section is intended to mandate the form, manner, or process by which an employer preserves a record so long as the information contained in the record is preserved and retrievable, except that chest X-ray films shall be preserved in their original state.

**Note:**

<b>8</b>	Are medical records made available to workers, their authorized representatives, and authorized OSHA representatives the results of medical testing and full medical records and analyses IAW (29 CFR Part 1910.20) - 1910.1020(e)(1)(i).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----------	---	--------------------------	--------------------------	--------------------------

**Note:**

<b>9</b>	Do the records include - 1910.120(f)(8)(ii)(A)-(D):			
	<b>A</b> The name and social security number of the employee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>B</b>	The physicians' written opinions, recommended limitations and results of examinations and tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b>	All employee medical complaints related to exposure to hazardous substances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	A copy of the information provided to the examining physician by the employer, with the exception of the standard and its appendices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				

### PRE-EMPLOYMENT SCREENING

Pre-employment screening has two major functions: (1) determination of an individual's fitness for duty, including the ability to work while wearing protective equipment, and (2) provision of baseline data for comparison with future medical data.

		Yes	No	N/A			
<b>Does Pre-employment screening:</b>							
10	A	Include medical history (questionnaire).			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B	Include occupational history (questionnaire).			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C	Include a physical examination.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D	Include baseline testing (both medical screening tests and biologic monitoring tests).			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E	Include urinalysis.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F	Include pulmonary function test (spirometry testing) performed.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G	Include electrocardiogram (EKG) performed.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	H	Include vision tests that measure refraction, depth perception, and color vision.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I	Include audiometric tests, performed at 500, 1,000, 2,000, 3,000, 4,000, and 6,000 hertz (Hz) pure tone in an approved booth (see requirements listed in 29 CFR Part 1910.95, Appendix D).			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	J	Include a 14 x 17 inch posterior/anterior view chest X-ray, with lateral or oblique views only if indicated or if mandated by state regulations.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Disqualify individuals who are clearly unable to perform based on the medical history and physical exam (e.g., those with severe lung disease, heart disease, or back or orthopedic problems).			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Note:** Vision tests should be administered by a qualified technician or physician. Vision quality is essential to safety, the accurate reading of instruments and labels, the avoidance of physical hazards, and for appropriate response to color-coded labels and signals.

Audiometric tests should be administered by a qualified technician, and results read by a certified audiologist or a physician familiar with audiometric evaluation. The integrity of the eardrum should be established since perforated eardrums can provide a route of entry for chemicals into the body. The physician evaluating employees with perforated eardrums should consider the environmental conditions of the job and discuss possible specific safety controls with the Site Safety Officer, industrial hygienist, and/or other health professionals before deciding whether such individuals can safely work on site.

The X-ray should be taken by a certified radiology technician and interpreted by a board-certified or board-eligible radiologist. Chest X-rays taken in the last 12-month period, as well as the oldest chest X-ray available, should be obtained and used for comparison. Chest X-rays should not be repeated more than once a year, unless otherwise determined by the examining physician.

At least one standard, 12-lead resting EKG should be performed at the discretion of the physician. A "stress test" (graded exercise) may be administered at the discretion of the examining physician, particularly where heat stress may occur.

**Note:**

### PERIODIC MEDICAL EXAMINATIONS

Periodic medical examinations should be developed and used in conjunction with pre-employment screening examinations. Comparison of sequential medical reports with baseline data is essential to determine biologic trends that may mark early signs of adverse health effects, and thereby facilitate appropriate protective measures. The basic periodic medical examination is the same as the pre-employment screening, modified according to current conditions, such as changes in the worker's symptoms, site hazards, or exposures.

**Yes** **No** **N/A**

**Do the periodic medical examinations include:**

<b>11</b>	<b>A</b>	Interval medical history, focusing on changes in health status, illnesses, and possible work related symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>B</b>	A physical examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>C</b>	Additional medical testing, depending on available exposure information, medical history, and examination results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	Pulmonary function.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>E</b>	Audiometric tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>F</b>	Vision tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>G</b>	Blood and urine tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note:** The examining physician should have information about the worker's interval exposure history, including exposure monitoring at the job site, supplemented by worker-reported exposure history and general information on possible exposures at previously worked sites.

Testing should be specific for the possible medical effects of the worker's exposure. Multiple testing for a large range of potential exposures is not always useful; it may involve invasive procedures (e.g., tissue biopsy), be expensive, and may produce false-positive results.

Annual Audiometric retests are required for personnel subject to high noise exposures (an 8-hour, time-weighted average of 85 dBA<sub>2</sub> or more), those required to wear hearing protection, or as otherwise indicated.

Pulmonary function tests should be administered if the individual uses a respirator, has been or may be exposed to irritating or toxic substances, or if the individual has breathing difficulties, especially when wearing a respirator.

Annual retests are recommended to check for vision degradation.

**Note:**

### EMERGENCY TREATMENT / NON-EMERGENCY TREATMENT

<b>12</b>	Are there provisions for emergency treatment and acute non-emergency treatment made at each site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----------	---	--------------------------	--------------------------	--------------------------

**Note:**

<b>13</b>	Is there a team of site personnel trained in emergency first aid? This should include a Red Cross or equivalent certified course in cardiopulmonary resuscitation (CPR), and first-aid training that emphasizes treatment for explosion and burn injuries, heat stress, and acute chemical toxicity. In addition, this team should include an emergency medical technician (EMT) if possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----------	---	--------------------------	--------------------------	--------------------------

**Note:**

		Yes	No	N/A
14	Are personnel trained in emergency decontamination procedures in coordination with the Emergency Response Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
15	Are emergency/first-aid stations established on site, capable of providing (1) stabilization for patients requiring offsite treatment, and (2) general first aid (e.g., minor cuts, sprains, abrasions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
16	Are there established protocols for monitoring heat stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
17	Are plans made in advance for emergency transportation to, treatment at, and contamination control procedures for a nearby medical facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
18	Are local emergency transport and hospital personnel educated about possible medical problems on site; typed of hazards and their consequences; potential for exposure; scope and function of the site medical program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
19	Is there a review of emergency procedures with all site personnel at safety meetings before beginning the work shift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
20	Do offsite medical personnel investigate and treat non-job-related illnesses that may put the worker at risk because of task requirements (e.g., a bad cold or flu that might interfere with respirator use)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
21	Is a copy of the worker's medical records kept at the site (with provisions for security and confidentiality) and, when appropriate, at a nearby hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
		Yes	No	N/A

### ON-SCENE MEDICAL MONITORING

The ongoing, systematic evaluation of response personnel who are at risk of suffering adverse effects of heat/cold exposure, stress, or hazardous materials exposure

22	Is pre-entry medical monitoring performed at the site of a hazardous materials incident to obtain baseline vital signs and physical assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
23	Are exclusion criteria guidelines identified to determine medical/physical fitness for entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				

24	Is post-entry medical monitoring performed including follow-up monitoring and treatment protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
<b>PROGRAM REVIEW</b>				
25	Does the organization perform maintenance and review of medical records and test results in assessing the effectiveness of the health and safety program with the safety officer, medical consultant, and/or management representative at least annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
26	Are all accidents or illness promptly investigated to determine the cause, and make necessary changes in health and safety procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
27	Is there an evaluation of the efficacy of specific medical testing in the context of potential site exposures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
28	Does the program review allow adding or deleting medical tests as suggested by current industrial hygiene and environmental data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
29	Is there a review of potential exposures and site safety plans at all sites to determine if additional testing is required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				

**THIS PAGE IS INTENTIONALLY LEFT BLANK**

**ATTACHMENT 10**

**Exercise Evaluation Questionnaire**

<b>Team:</b>		<b>Date:</b>	
<b>Inspectors Name:</b>			
<b>State Agency:</b>			

<b>Exercise Title:</b>	
<b>Exercise Location:</b>	
<b>Name of HMRT Officer in Charge:</b>	
<b>Name of Incident Commander:</b>	

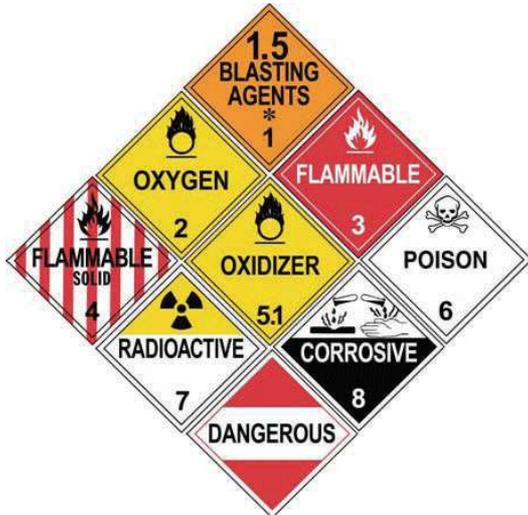
<b>Item #</b>	<b>Description</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
<b>1</b>	Was the HMRT integrated in the NIMS Incident Command System?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2</b>	What was the primary method of communication used?			
<b>3</b>	Was there a backup method of communication?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4</b>	Was resource management demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5</b>	Was contamination control demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6</b>	Was spill control demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>7</b>	Method of spill control used?			
<b>8</b>	Was an HMRT Safety Officer engaged in the operation?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>9</b>	Was the selection of appropriate PPE for the hazardous material(s) demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>10</b>	Was sampling techniques demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>11</b>	Was the containment of an unplanned release of hazardous material demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>12</b>	Method of containment demonstrated?			

<b>13</b>	<b>Additional Comments:</b>			



# PEMA

## Technological Hazards Division Updates



**-Jason Lehman**

# 2014 Re-certification

## 2 Re-certification

 City of Allentown

 City of Bethlehem

# 2014 Exercises

## 2 Full Scale Exercise



Somerset County



Northumberland County

(As part of Conditional Certification from 2013 inspection.)

# Upcoming

## 2015 Re-certification

-  Beaver County Emergency Response Team
-  Fayette County Hazardous Materials Response Team 900
-  Minuteman Spill Response, Inc.
-  Somerset Hazmat 600

# Upcoming

Cont'd

-  Cambria County HMRT (Special Hazards Assistance Response Program)
-  McCutcheon Enterprise, Inc.
-  Philadelphia County HMRT – Hazmat Task Force 1
-  Westmoreland County Hazmat Response Team (Team 800)

# Upcoming

## Exercises being scheduled

 Beaver County ERT (February)

 Fayette County Team 900

# Upcoming

October 30, 2014

DOE 2014 RAD Transportation Table  
Top Exercise

4 VTC locations



# Hazardous Material Response Team State Certification/Re-certification

D2014-02



# Act 165

Act 165 establishes many objectives, one of those is establishing and maintaining a comprehensive HAZMAT safety program.

# Act 165

Establishes civil liability protection to officials who are properly carrying out their duties and responsibilities under the Commonwealth's HAZMAT safety program.

# Act 165

Those responsible for the release of HAZMATs are required to pay the costs incurred for emergency response activities.

# D2014-02



What's the purpose and scope of the Directive?

Describe the procedure for certification/re-certification

Set the standards for certification/re-certification

# D2014-02

Provide a comprehensive guide to administrative and technical requirements

For use by the applicant and administrators and utilizes several guidance documents

# D2014-02



**pennsylvania**  
EMERGENCY MANAGEMENT AGENCY

## PEMA Directive

<b>Number:</b>	<b>D2014-02</b>
<b>Effective Date:</b>	March 19, 2014
<b>Termination Date:</b>	
<b>Rescinds Directive Number:</b>	D2010-02

**Subject:**

Hazardous Material Response Team State Certification/Re-certification Criteria

**Scope:**

Current and Potential State-Certified Hazardous Material Response Teams

**Distribution:**

- County Emergency Management Coordinators
- Commanders, State-certified Hazardous Materials Response Teams
- Chairs, County Local Emergency Planning Committees
- [www.pema.state.pa.us](http://www.pema.state.pa.us) (required)

**By Direction of:**

Glenn M. Cannon, Esq.  
Director, PA Emergency Management Agency

## I. INTRODUCTION

# Initial Certification

There are two main components

Participate in an evaluated  
exercise

On-site assessment

# Initial Certification

Both the application and full scale exercise documentation needs to be submitted 120 days prior to a request for inspection.

# Evaluated Exercise



# Evaluated Exercise

Both Initial and Re-Certification applicants need to participate in an evaluated exercise.

The exercise needs to be based on HSEEP concepts.

The exercise scenario must be approved by the county emergency management coordinator.

# Evaluated Exercise

The exercise will include:

Identification of a substance.

Entry into a hot zone and exit of the hot zone.

Decontamination.

Scene safety.

# Evaluated Exercise

The HMRT needs to document corrective actions and/or training improvements.

# Evaluated Exercise

The HMRT needs to provide PEMA and the County EMC with the exercise information 90 days prior to the exercise to allow for time to review the exercise.

# Evaluated Exercise

Any exercise that is not observed by at least part of the exercise assessment team will not be accepted as part of the certification process.

# Evaluated Exercise

The following shall be demonstrated in the exercise:

Direction and control

Integration of the HMRT within the ICS

Communications

Resource Management

# Evaluated Exercise

Contamination Control

Spill control / containment

Personnel safety

PPE selection

Sampling techniques

Contain leak from either

Pressure vessel

55 Gal. Drum

# Evaluated Exercise



# Evaluated Exercise

Directive Number: D2014-02  
 Effective Date: March 19, 2014  
 Page Number: 1

## ATTACHMENT 10

### Exercise Evaluation Questionnaire

Team:		Date:	
Inspectors Name:			
State Agency:			

Exercise Title:	
Exercise Location:	
Name of HMRT Officer in Charge:	
Name of Incident Commander:	

Item #	Description	Yes	No	Remarks
1	Was the HMRT integrated in the NIMS Incident Command System?	<input type="checkbox"/>	<input type="checkbox"/>	
2	What was the primary method of communication used?			
3	Was there a backup method of communication?	<input type="checkbox"/>	<input type="checkbox"/>	
4	Was resource management demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>	
5	Was contamination control demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>	
6	Was spill control demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>	
7	Method of spill control used?			
8	Was an HMRT Safety Officer engaged in the operation?	<input type="checkbox"/>	<input type="checkbox"/>	
9	Was the selection of appropriate PPE for the hazardous material(s) demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>	
10	Were sampling techniques demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>	
11	Was the containment of an unplanned release of hazardous material demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>	
12	Method of containment demonstrated?			
13	Additional Comments:			

# On-site Assessment



# On-site Assessment

Evaluation Areas are based on standards from 29 CFR Parts 1910.120 and 1910.134 and NFPA® Standard 472 and Act 165.

# On-site Assessment

## Evaluation Areas:

Management

Operations

Training

Specialized Equipment

PPE

Air Monitoring

Medical Monitoring

# Attachment 2

Directive Number: D2014-02  
Effective Date: March 19, 2014  
Page Number: 1

## ATTACHMENT 2

### COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY

#### APPLICATION FOR INITIAL/RE-CERTIFICATION OF A HAZARDOUS MATERIALS RESPONSE TEAM

The \_\_\_\_\_ hereby submits an application for initial  
(Company or County name)  
certification/re-certification (circle one) of its hazardous material response team (hereinafter referred to as the "HMRT") by the Pennsylvania Emergency Management Agency (hereinafter referred to as "PEMA").

The following information and documentation are submitted to PEMA in support of this application:

1. The entity that organized and formed the HAZMAT team is: (name and address of governmental unit, corporation, volunteer service organization, etc.)
  - a. Name: \_\_\_\_\_
  - b. Street: \_\_\_\_\_
  - c. City/ZIP: \_\_\_\_\_
  
2. The Authorized Official (overall responsible for the team and signs the application)
  - a. Name: \_\_\_\_\_
  - b. Street: \_\_\_\_\_
  - c. City/ZIP: \_\_\_\_\_
  - d. Phone (work): \_\_\_\_\_
  - e. Email address: \_\_\_\_\_
  
3. The person administratively responsible for the HAZMAT team (may be characterized as the administrative officer):  
\_\_\_\_\_

# Attachment 3A

Directive Number: D2014-02  
Effective Date: March 19, 2014  
Page Number: 1

## ATTACHMENT 3A

**Note:** To be completed by counties with County Commissioners

**STATEMENT:** We, the undersigned officials on behalf of \_\_\_\_\_ County, do hereby state that we have met with representatives of \_\_\_\_\_, a state-certified HAZMAT team, to discuss continuation of hazardous material response coverage within our county. Based upon those discussions we have agreed that said team would continue to provide PRIMARY/SECONDARY (circle one) response coverage until our agreement has terminated. The representatives of \_\_\_\_\_ have agreed to notify us if the team has  
(Hazardous Materials Response Team)  
not received state re-certification or can no longer provide HAZMAT response coverage for our county. The county Emergency Management Agency and 9-1-1 Center will comply with the requirements established in Act 165 and the current Pennsylvania Emergency Management Agency (PEMA) Emergency Management Directive for Certified Hazardous Material Response Teams in Pennsylvania. A copy of the official contract between these two parties shall be maintained with the county Emergency Management Coordinator.

OR

On behalf of \_\_\_\_\_ County, we do hereby state that we have met with representatives of \_\_\_\_\_ to discuss hazardous material response coverage  
(Hazardous Materials Response Team)  
within our county. Based upon those discussions, we have agreed that should the applicant receive certification from the Pennsylvania Emergency Management Agency (PEMA), \_\_\_\_\_ County intends to enter into a contract with the applicant's Hazardous Materials Response Team to provide Primary response coverage within our county. The county Emergency Management Agency and 9-1-1 Center will comply with the requirements established in Act 165 and the current PEMA Directive for Certified Hazardous Material Response Teams in Pennsylvania. When executed, a copy of the official contract between these two parties shall be maintained with the county Emergency

# Attachment 3B

Directive Number: D2014-02  
Effective Date: March 19, 2014  
Page Number: 1

## ATTACHMENT 3B

**Note:** To be completed by Home Rule Counties

**STATEMENT:** On behalf of \_\_\_\_\_ County, I do hereby state that \_\_\_\_\_ County has met with representatives of \_\_\_\_\_, a  
(Hazardous Materials Response Team)  
state-certified HAZMAT team, to discuss continuation of hazardous material response coverage within said County. Based upon those discussions, it is agreed that said team would continue to provide PRIMARY/SECONDARY (circle one) response coverage until the agreement has terminated. The representatives of \_\_\_\_\_ have agreed to notify \_\_\_\_\_ County  
(Hazardous Materials Response Team)  
if the team has not received state re-certification or can no longer provide HAZMAT response coverage for the County. The County Emergency Management Agency and 9-1-1 Center will comply with the requirements established in Act 165 and the current Pennsylvania Emergency Management Agency (PEMA) Emergency Management Directive for Certified Hazardous Material Response Teams in Pennsylvania. A copy of the official contract between these two parties shall be maintained with the county Emergency Management Coordinator.

OR

On behalf of \_\_\_\_\_ County, I do hereby state that the County has met with representatives of \_\_\_\_\_ to discuss hazardous material response coverage  
(Hazardous Materials Response Team)  
within \_\_\_\_\_ County. Based upon those discussions, it is agreed that should the applicant receive certification from the Pennsylvania Emergency Management Agency (PEMA), \_\_\_\_\_ County intends to enter into a contract with the applicant's Hazardous Materials Response Team/Company to provide Primary response coverage within \_\_\_\_\_ County. The county Emergency Management Agency and 9-1-1 Center will comply with the requirements established in Act 165 and the current PEMA Directive for Certified Hazardous Material Response Teams in Pennsylvania. When executed, a copy of the official contract

# Attachment 4

Directive Number: D2014-02  
 Effective Date: March 19, 2014  
 Page Number: 1

## ATTACHMENT 4 HAZMAT TEAM ROSTER: LIST OF TRAINING CERTIFICATIONS, CRIMINAL HISTORY CHECKS AND MEDICAL SURVEILLANCE

<b>Name of HAZMAT Team:</b>	<b>Date:</b>
<b>HAZMAT Team Chief:</b>	<b>HAZMAT Team Administrative Officer:</b>
<b>Address:</b>	<b>Address:</b>
<b>Business Phone:</b>	<b>Business Phone:</b>
<b>Email Address:</b>	<b>Email Address:</b>

List the OSHA training level or competency each member is certified in. Use the highest level of training attained, based upon the following categories: (1) Awareness; (2) Operations; (3) Technician; (4) HM Safety Officer; (5) HM Branch Officer; (6) HAZMAT Incident Commander, or (7) Support Role.

Name of Employee	Highest level of Training attained	Pro Board Certification (J)	*Date of Certification	Employee Status (F) Full Time (P) Part Time (V) Volunteer	Criminal History Check Date Completed	Medical Surveillance	
						Baseline Physical	Annual or as required
						Pass Date	Pass Date

# Attachment 5

Directive Number: D2014-02  
 Effective Date: March 19, 2014  
 Page Number: 5

## Attachment 5

<b>Operations:</b>		
Sub-element 2.a – Direction and Control		
Sub-element 2.b – Communications		
Sub-element 2.c – Support		
Sub-element 2.d – Safety and Health Program		
Sub-element 2.e – Post Emergency Response Operations		
Item #	Description	Remarks
1	How is the team dispatched?	
2	The team conducts an annual review and updates the hazardous materials emergency plan?	<input type="checkbox"/>
3	The team consists of the specific number of certified personnel in order to receive and maintain certification? One hazardous materials officer One hazardous materials safety officer Seven hazardous materials technicians One medical specialist (i.e., a Pennsylvania Department of Health (PaDOH) Certified Emergency Medical Technician (EMT), Paramedic, or a licensed occupational health nurse or a licensed physician) or dedicated EMS company	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dedicated EMS Co (ALS / BLS) <input type="checkbox"/> Team EMS personnel

# Minimal Team Structure

- 1 – Hazardous Materials Officer
- 1 – Hazardous Materials Safety Officer
- 7 – Hazardous Materials Technicians
- 1 – Medical Specialist (EMT/Paramedic)  
or an ALS/BLS unit dedicated to the  
HMRT

# Attachment 6

Directive Number: D2014-02  
 Effective Date: March 19, 2014  
 Page Number: 1

## ATTACHMENT 6

Personal Protective Equipment (PPE)	
Team:	Date:
Inspectors Name:	
State Agency:	

**References:** 29 CFR 1910.120 (c) (5) Personal Protective Equipment and  
 PEMA Directive IV.A.5 Personal Protection Equipment

Item #	Description	Yes	No	Remarks
1	Vapor protective ensembles that meet NFPA 1991, most current edition. (two for entry, two for back-up and one spare)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Liquid splash-protective ensembles that meet NFPA 1992, most current edition (minimum 10 suits)	<input type="checkbox"/>	<input type="checkbox"/>	
3	Capabilities to enter / escape from flash fires as stated in NFPA 1991 most current edition	<input type="checkbox"/>	<input type="checkbox"/>	
4	Open-Circuit Self-Contained Breathing Apparatus (SCBA), 60-minute, CBRN certification (minimum of 6 CBRN certified units)	<input type="checkbox"/>	<input type="checkbox"/>	
5	NIOSH approved air purifying respirators, full-face with select cartridges	<input type="checkbox"/>	<input type="checkbox"/>	
6	Chemical resistant gloves based on risks, i.e., Nitrile, Butyl, Viton, disposable, leather, surgical (minimum of 12 pair each)	<input type="checkbox"/>	<input type="checkbox"/>	
	Cryogenic gloves (minimum 6 pair)	<input type="checkbox"/>	<input type="checkbox"/>	
7	Chemical resistant boots (appropriate quantities)	<input type="checkbox"/>	<input type="checkbox"/>	
8	Safety equipment (safety glasses and goggles with side shields, hard hats; not fire helmet, Hearing protection) (appropriate quantities)	<input type="checkbox"/>	<input type="checkbox"/>	
	Is there a written Personal Protection Equipment Program? Does the program include:	<input type="checkbox"/>	<input type="checkbox"/>	

# Attachment 7

Directive Number: D2014-02  
 Effective Date: March 19, 2014  
 Page Number: 1

## ATTACHMENT 7

Specialized Equipment				
Team:		Date:		
Inspectors Name:				
State Agency:				
Reference Material				
Item #	Description	Yes	No	Remarks
1	Maintain the capability to access current reference materials for the following hazardous material data / information:			
	• Substance Identification	<input type="checkbox"/>	<input type="checkbox"/>	
	• Chemical and Physical properties	<input type="checkbox"/>	<input type="checkbox"/>	
	• Fire Hazards	<input type="checkbox"/>	<input type="checkbox"/>	
	• Health Hazard Information	<input type="checkbox"/>	<input type="checkbox"/>	
	• Exposure Limits	<input type="checkbox"/>	<input type="checkbox"/>	
	• Monitoring and Measurement Procedures	<input type="checkbox"/>	<input type="checkbox"/>	
	• Personal Protective Equipment / Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>	
	• Common Operations and Control Measures	<input type="checkbox"/>	<input type="checkbox"/>	
	• Emergency First Aid Procedures	<input type="checkbox"/>	<input type="checkbox"/>	
	• CAS Registry Cross-Index	<input type="checkbox"/>	<input type="checkbox"/>	
	• DOT Guide Number Cross-Index	<input type="checkbox"/>	<input type="checkbox"/>	
	• Synonym Cross-Index	<input type="checkbox"/>	<input type="checkbox"/>	
	This information may be accessed via electronic local files (Digital Media), Hard Copy, and/or Internet (at least two methods must be available for redundancy).			
• Electronic local files (Digital Media)	<input type="checkbox"/>	<input type="checkbox"/>		
• Hard Copy	<input type="checkbox"/>	<input type="checkbox"/>		
• Internet	<input type="checkbox"/>	<input type="checkbox"/>		
2	North American Emergency Response Guidebook (most current edition) ISBN: 0-16-05173-3 (Free)	<input type="checkbox"/>	<input type="checkbox"/>	
3	Responder information on Bacterial Agents, Viral Agents / and Biological Toxins	<input type="checkbox"/>	<input type="checkbox"/>	
4	Chemical Dictionary	<input type="checkbox"/>	<input type="checkbox"/>	
5	EPA List of Lists Consolidated List of Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	

# Attachment 7

## Reference Materials

Must have 2 forms of reference materials

Hard Copy

May be accessed via electronic files

Digital media

Internet

# Attachment 8

Directive Number: D2014-02  
 Effective Date: March 19, 2014  
 Page Number: 1

## ATTACHMENT 8

### AIR MONITORING AND DETECTION EQUIPMENT QUESTIONNAIRE

Team:		Date:	
Inspectors Name:			
State Agency:			

#### Monitoring and Detection Equipment

Item #	Description	Yes	No	Remarks / Unit
1	Air monitoring capability – LEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Air monitoring capability – O <sub>2</sub>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Air monitoring capability – Toxic gases <input type="checkbox"/> CO <input type="checkbox"/> H <sub>2</sub> S <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other
4	Air monitoring capability – PID	<input type="checkbox"/>	<input type="checkbox"/>	
5	Radiological monitor ( $\alpha$ $\beta$ $\gamma$ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Other
6	Heat scanner / thermal imager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Other
7	Thermometer – air, surface, and liquid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other
8	pH paper / meter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

# Attachment 9

Directive Number: D2014-02  
 Effective Date: March 19, 2014  
 Page Number: 1

## ATTACHMENT 9

MEDICAL SURVEILLANCE PROGRAM QUESTIONNAIRE							
Team:		Date:					
Inspectors Name:							
State Agency:							
		Yes	No	N/A			
1	Has the employers developed and implemented a written safety and health program for their employees involved in hazardous waste operations - 1910.120(b)(1)(i):			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Note: <input type="checkbox"/>							
2	<b>Does the written safety and health program incorporate - 1910.120(b)(1)(ii) - 1910.134(c)(1):</b>						
	A	The medical surveillance program.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B	Standard operating procedures for safety and health.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C	Written respiratory protection program.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note: <input type="checkbox"/>							
3	<b>Does the medical surveillance program instituted by the employer include all employees - 1910.120(f)(2)(i):</b>						
	A	Who are or may be exposed to hazardous substances or health hazards at or above the established permissible exposure limit, above the published exposure levels for these substances, without regard to the use of respirators for 30 days or more a year.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B	Who wear a respirator for 30 days or more a year or as required by 1910.134.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C	Who are injured, become ill, or develops signs or symptoms due to possible overexposure involving hazardous substances or health hazards from an emergency response or hazardous waste operation.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D	All members of the HAZMAT team.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note: <input type="checkbox"/>							



# Questions



# Contact information

**717-651-2158**

**[jaslehman@pa.gov](mailto:jaslehman@pa.gov)**

**PEMA**

**Bureau of Planning & Preparedness**

**2605 Interstate Dr.**

**Harrisburg, PA 17110**

**Thank you and Please Stay Safe.**



# **PATTS**

## **2014 Reporting Year in Review**

## ▶ 2014 in review

New Mandatory Tier II Data Elements became effective January 1, 2014

*And Tier II reporting was never more interesting...*

# 2014 Required Facility Info

**Facility Physical Location**

Company Name: ABC Inc  
 Facility/Site Name: ABC Industries  
 Facility Street: 111 Main Street City: New York  
 County: Northumberland (42097) Municipality: [blank]  
 LEPC: Delaware LEPC  
 State: Pennsylvania Zip Code: 70543  
 Business Phone Number: 2342343245 Fax Number: 3455672345  
 Web: www.website.com  
 Check if facility email is Confidential  
 Facility Email: test@domain.com Retype Email: test@domain.com  
 Latitude: 40 Longitude: 73  
 Latitude and Longitude must be in Decimal Degrees.

**Other Details**

Manned  Unmanned Maximum Number of Occupants at one time: 200  
 Check if the facility is subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? **What is this?**  
 Check if the facility is subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)? **What is this?**  
 EPC Facility ID: SMP07  
 Check if the facility is subject to Toxic Release Inventory under Section 313 of EPCRA (40 CFR Part 372) **What is this?**  
 TRI Facility ID: TRI-DOB

**Mailing Address, if different from Facility Physical Location**

If you enter an address outside of the US or Canada, enter the state/province name in the City field.  
 Name: [blank]  
 Attn: [blank]  
 Country: N/A  
 Address: [blank]  
 Street Address 2: [blank]  
 City: [blank] State: N/A  
 Zip Code: [blank] Phone: [blank]

**Billing Address, if different from Facility Physical Location**

If you enter an address outside of the US or Canada, enter the state/province name in the City field.  
 Company: [blank]  
 Attn: [blank]  
 Country: N/A  
 Billing Street: [blank]  
 City: [blank] State: N/A  
 Zip Code: [blank] Phone: [blank]  
 Email: [blank]

**Owner/Operator Mailing Address**

If you enter an address outside of the US or Canada, enter the state/province name in the City field.  
 Name: George  
 Country: United States  
 Owner Address: C.T. FTE 899  
 City: DALLAS State: Texas  
 Zip Code: 84099  
 Phone: 2342345466 Email: test@domain.com

**Parent Company**

If you enter an address outside of the US or Canada, enter the state/province name in the City field.  
 Parent: [blank] Dun & Brad Number: 1003  
 Company Name: ABC Industries  
 Street Address: C.T. FTE 899 Country: United States  
 City: DALLAS State: N/A  
 Zip Code: 84099 Phone: 2342345466  
 Email: 2342345466

**Facility Identification Information**

IC Code: 5541 Dun & Brad No: 2347502  
 007 IACS: 430438  
 BE (Tax ID number): [blank]

**Facility Emergency Coordinator**

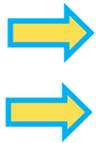
First Name	Last Name	Title	Phone Number	24 Hr. Phone	Email	Cell/Pager
[blank]	[blank]	[blank]	[blank]	[blank]	[blank]	[blank]

**Tier II Contact**

First Name	Last Name	Title	Phone Number	24 Hr. Phone	Email	Cell/Pager
[blank]	[blank]	[blank]	[blank]	[blank]	[blank]	[blank]

**Emergency Contact Information (Max 1 - Max 2 Emergency Contacts)**

First Name	Last Name	Title	Phone Number	24 Hr. Phone	Email	Cell/Pager
[blank]	[blank]	[blank]	[blank]	[blank]	[blank]	[blank]
[blank]	[blank]	[blank]	[blank]	[blank]	[blank]	[blank]



# Regulatory Status Questions

We do not provide comment on RMP or TRI reporting. They are managed by EPA.

Differences between the risk management program and EPCRA

How do the Clean Air Act (CAA) risk management program requirements differ from the hazardous chemical reporting requirements under the Emergency Planning and Community Right-to-Know Act (EPCRA)?

The hazardous chemical reporting requirements under EPCRA §§311 and 312 (40 CFR Part 370) are separate and distinct from those under CAA §112(r) (40 CFR Part 68). EPCRA hazardous chemical inventory reporting (on Tier I or Tier II forms) applies to all hazardous chemicals, as defined by OSHA, with certain exemptions (40 CFR §370.13). Information reported under the hazardous chemical inventory regulations includes the types and amounts of hazardous chemicals, location and storage information, and facility contact information. The CAA risk management program rule applies to a distinct set of regulated substances listed at 40 CFR §68.130. The risk management program requirements go beyond emergency planning and reporting; they require a holistic approach to accident prevention and mitigation. Elements required under the risk management program regulations vary for individual stationary sources, but generally include a hazard assessment, a prevention program, an emergency response program, and a management system.

For more information, please visit: <http://www.epa.gov/oem/content/rmp/index.htm>

For a listing of the chemicals covered under RMP: <http://www.epa.gov/osweroe1/docs/chem/W-ApendAB.pdf>

For a searchable database to see if you are listed, you can visit this site.

Enter your city and state, then click on the list of facilities for that area:

<http://www.rtknet.org/db/rmp/rmp.php?state=PA&detail=-1&reptype=f&datatype=C&submit=GO>

For the TRI reporting, EPA has a specific list of chemicals and guidelines as to who should be reporting. You can gather more information at <http://www2.epa.gov/toxics-release-inventory-tri-program>

or contact the EPA Hotline # at 1-800-424-9346.

# RMP

The screenshot shows the EPA website's page for the Risk Management Plan (RMP) Rule. The page features a navigation bar with links for 'Learn the Issues', 'Science & Technology', 'Laws & Regulations', and 'About EPA'. The main heading is 'Risk Management Plan (RMP) Rule', followed by a brief description of the rule's purpose under the 1990 Clean Air Act. Below this, there are three main content areas: 'RMP Rule' with a list of links for overview, guidance, policies, and publications; 'Submitting an RMP' with a list of links for submission, e-submission, compliance, and resubmission; and 'Accessing RMP Information' with a link for federal reading rooms. A 'Training' section is also present with a link for webinars. On the right side, there is a red 'EMERGENCIES' widget with the EPA logo and a phone number (800-424-6802) for reporting spills, and an orange 'Request for Information' widget regarding an upcoming RFI for publication in the Federal Register. The page also includes a search bar, a 'Contact Us' link, and a 'Share' button.

**RMP Rule**

- [RMP Overview](#)
- [Guidance for Facilities](#)
- [Policies and Fact Sheets](#)
- [Publications](#)

**Submitting an RMP**

- [How to submit an RMP to EPA](#)
- [RMP\\* eSubmit](#)
- [RMP\\* Comp](#)
- [Resubmitting, Correcting, De-registering, or Withdrawing an RMP](#)

**Accessing RMP Information**

- [Federal Reading Rooms](#)

**Training**

- [RMP Webinars and Training](#)

**EMERGENCIES**

**EPA**

Report oil or chemical spills at:  
800-424-6802

[Learn more >](#)

[Add this widget to your website.](#)

**Request for Information**

EPA will soon release the RMP Request for Information (RFI) for publication in the Federal Register. The RFI seeks comment on potential revisions to EPA's RMP regulations and related programs. A pre-publication copy of the RFI is available.

**Most Requested**

# RTKNET – www.rtknet.org

RTKNET.ORG THE RIGHT-TO-KNOW NETWORK

Home | Email List | Contact

Search the Site

▼ DATABASES

- Search all Databases by City (Beta)
- Toxic Releases (TRI)
- Spills and Accidents (ERNS)
- Risk Management (RMP)
- Hazardous Waste (BRS)
- Hazardous Waste - Violations and Permits (RCRIS)
- Other Databases

▼ ISSUES

- Pollution
- Health
- Access Policies & Tools
- Science
- Emergencies

▼ ADVOCACY CENTER

- Action Alerts
- Legislation
- Toolbox

● MAP ROOM

● EMAIL LIST

● NEWS IN BRIEF

● ABOUT US

● CONTACT

A PROJECT OF

 Center for EFFECTIVE GOVERNMENT  
Formerly C&E Watch

DOWNLOAD THE CENTER FOR EFFECTIVE GOVERNMENT

PROTECTING ACCESS TO ENVIRONMENTAL INFORMATION

Top Facilities for 5-Year Histories  
On-Site Quantities by Chemical  
Facilities and Accidents by State

Search RMP by Name  GO  
Search RMP by City, State  GO  
[Advanced Search](#) | [About the Data](#)

RELATED ARTICLES

- [Americans Want Safer Chemical Facilities, but the Shutdown Stalled Reform Efforts](#)
- [Chlorine Gas is a Major Risk across the Country, but Needs to Be](#)
- [President Obama Signs Executive Order on Improving Chemical Facility Safety & Security](#)

Printer-friendly 

**RMP Facilities in Pennsylvania**

Search Criteria Used (More)

Level of Detail:  GO  
Type of Report Output:  GO

Summary 

Total number of facilities: **528**  
Number of deregistered facilities: **173**  
Number of processes that could reach off-site: **616**  
Total pounds of toxic chemicals in processes: **85,964,526**  
Total pounds of flammable chemicals in processes: **719,228,479**  
Number of 5-year accidents: **44**  
Number of deaths from 5-year accidents: **1**  
Number of injuries from 5-year accidents: **78**  
Amount of property damage from 5-year accidents: **\$30,704,085**  
[Get list of facilities](#)

Top 10 chemicals for number of facilities 

Chlorine	178
Ammonia (anhydrous)	158
Propane	67
Flammable Mixture	30
Ammonia (conc 20% or greater)	25
Butane	23
Hydrogen fluoride/Hydrofluoric acid (conc 50% or greater) [Hydrofluoric acid]	23
Toluene diisocyanate (unspecified isomer) [Benzene, 1,3-diocyanatomethyl-]	14
Formaldehyde (solution)	12
Sulfur dioxide (anhydrous)	12

Expand summary to all chemicals

Top 5 toxic chemicals for pounds in processes 

Ammonia (anhydrous)	41,601,255
Ammonia (conc 20% or greater)	11,531,015
Chlorine	8,168,356
Oleum (Fuming Sulfuric acid) [Sulfuric acid, mixture with sulfur trioxide]	8,067,640
Toluene diisocyanate (unspecified isomer) [Benzene, 1,3-diocyanatomethyl-]	5,529,848

Expand summary to all toxic chemicals

Top 5 cities for numbers of facilities

Philadelphia, PA	23
York, PA	10
Reading, PA	10
Allentown, PA	9
Morrisville, PA	7

Expand summary to all cities

Top 5 113th Congressional districts for numbers of facilities

Pennsylvania 5	47
Pennsylvania 11	43
Pennsylvania 15	40

# 2014 Tier II Reporting Challenges

- “The (federal) Tier II form was revised to include any additional state or local mandated reporting requirements”
- *The Tier II form also allows owners/operators to voluntarily report hazardous chemicals that are below the reporting thresholds*

# 2014 chemical reporting – As Is

**EDIT: CHEMICAL DESCRIPTION AND STORAGE LOCATION**

All red fields are required.

Chemical Description	Physical and Health Hazards	Inventory	Storage Codes & Locations																																																												
<p>CAS Number: <input type="text" value="7439-92-1"/> <a href="#">Search by CAS / Chemical Name</a></p> <p>Chemical Name: <input type="text" value="LEAD"/></p> <p>Trade Secret: <input type="checkbox"/> EHS <input type="checkbox"/> Contains EHS <input type="checkbox"/></p> <p>EHS Name: <input type="text"/></p> <p><a href="#">Add mixture components</a></p> <p>Check all that apply:</p> <p><input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas</p> <p>MSDS/SDS Submission</p> <p>MSDS/SDS Binder: Not Selected <a href="#">Select MSDS/SDS from library</a></p> <p>MSDS/SDS File: Uploaded <a href="#">(View MSDS/SDS)</a> <a href="#">(Remove)</a> <a href="#">Upload MSDS/SDS</a></p> <p><b>Chemical Exemption</b></p> <p><input type="checkbox"/> Chemical is reported voluntarily and is not present in reportable quantities or exempt from reporting for Section 311(e) (MSDS/Chemical List), Section 312 (annual Tier Two Reporting), and the OSHA Hazard Communications Act regulations.</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Reactivity</p> <p><input type="checkbox"/> Immediate(Acute)</p> <p><input checked="" type="checkbox"/> Delayed(Chronic)</p>	<p>Max. Daily Amount (lbs) (Facility wide): <input type="text" value="11000"/></p> <p>Max. Daily Amount Code (Facility wide): <input type="text" value="06"/></p> <p>Avg. Daily Amount (lbs) (Facility wide): <input type="text" value="11000"/></p> <p>Avg. Daily Amount Code (Facility wide): <input type="text" value="06"/></p> <p>Number of days on site: <input type="text" value="365"/></p> <p><a href="#">Code Range</a></p>	<p style="color: red;">Storage Location information must be entered.</p> <table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Location</th> <th>Description</th> <th>Lat/Long</th> <th>Max Amt At Location (lbs)</th> <th>Confidential Location</th> </tr> </thead> <tbody> <tr> <td>[0] STEEL</td> <td>[1] AMBIEN</td> <td>[4] AMBIEN</td> <td>3124234</td> <td></td> <td></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p><a href="#">More Storage Locations?</a></p>					Container Type	Pressure	Temperature	Location	Description	Lat/Long	Max Amt At Location (lbs)	Confidential Location	[0] STEEL	[1] AMBIEN	[4] AMBIEN	3124234			<input type="text"/>	<input type="checkbox"/>							<input type="text"/>	<input type="checkbox"/>							<input type="text"/>	<input type="checkbox"/>							<input type="text"/>	<input type="checkbox"/>							<input type="text"/>	<input type="checkbox"/>							<input type="text"/>	<input type="checkbox"/>
Container Type	Pressure	Temperature	Location	Description	Lat/Long	Max Amt At Location (lbs)	Confidential Location																																																								
[0] STEEL	[1] AMBIEN	[4] AMBIEN	3124234			<input type="text"/>	<input type="checkbox"/>																																																								
						<input type="text"/>	<input type="checkbox"/>																																																								
						<input type="text"/>	<input type="checkbox"/>																																																								
						<input type="text"/>	<input type="checkbox"/>																																																								
						<input type="text"/>	<input type="checkbox"/>																																																								
						<input type="text"/>	<input type="checkbox"/>																																																								

Click Save and Continue only ONCE. Saving may take a few moments.

[Help on Tier II Reporting](#)

# Change in chemical reporting – New/EHS

**EDIT: CHEMICAL DESCRIPTION AND STORAGE LOCATION**

All red fields are required.

Chemical Description	Physical and Health Hazards	Inventory	Storage Codes & Locations																																																																													
<p>CAS Number: <input type="text" value="79-06-1"/></p> <p>Chemical Name: <input type="text" value="ACRYLAMIDE"/></p> <p>Trade Secret: <input type="checkbox"/> EHS <input checked="" type="checkbox"/> Contains EHS <input type="checkbox"/></p> <p>EHS Name: <input type="text" value="ACRYLAMIDE"/></p> <p><a href="#">Add mixture components</a></p> <p>Check all that apply:</p> <p><input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix] [<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas]</p> <p>This is an EHS with 2 TPQ values. You must report all forms separately. Please indicate which form you are reporting. Choose only one:</p> <p><input type="radio"/> Powder with particle size &lt; 100 microns</p> <p><input type="radio"/> In solution</p> <p><input type="radio"/> Molten form</p> <p><input checked="" type="radio"/> Solid with particle size ≥ 100 microns</p> <p><b>MSDS/SDS Submission</b></p> <p>MSDS/SDS Binder: Not Selected <a href="#">Select MSDS/SDS from library</a></p> <p>MSDS/SDS File: Uploaded (<a href="#">View MSDS/SDS</a>) (<a href="#">Remove</a>) <a href="#">Upload MSDS/SDS</a></p> <p><b>Chemical Exemption</b></p> <p><input type="checkbox"/> Chemical is reported voluntarily and is not present in reportable quantities or exempt from reporting for Section 311(e) (MSDS/Chemical List), Section 312 (annual Tier Two Reporting), and the OSHA Hazard Communications Act regulations.</p>	<p>Check all that apply:</p> <p><input checked="" type="checkbox"/> Fire</p> <p><input checked="" type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Reactivity</p> <p><input type="checkbox"/> Immediate(Acute)</p> <p><input type="checkbox"/> Delayed(Chronic)</p>	<p>Max. Daily Amount (lbs) (Facility wide): <input type="text" value="78000"/></p> <p>Max. Daily Amount Code (Facility wide): <input type="text" value="09"/></p> <p>Avg. Daily Amount (lbs) (Facility wide): <input type="text" value="78000"/></p> <p>Avg. Daily Amount Code (Facility wide): <input type="text" value="09"/></p> <p>Number of days on site: <input type="text" value="365"/></p> <p><a href="#">Code Range</a></p>	<p style="color: red;">Storage Location information must be entered.</p> <table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Location</th> <th>Description</th> <th>Lat/Long</th> <th>Max Amt At Location (lbs)</th> <th>Confidential Location</th> </tr> </thead> <tbody> <tr> <td>[A] ABOVE</td> <td>[1] AMBIEN</td> <td>[4] AMBIEN</td> <td>TEST</td> <td></td> <td>40.2 -76</td> <td>78000</td> <td><input type="checkbox"/></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> </tbody> </table> <p><a href="#">More Storage Locations?</a></p>						Container Type	Pressure	Temperature	Location	Description	Lat/Long	Max Amt At Location (lbs)	Confidential Location	[A] ABOVE	[1] AMBIEN	[4] AMBIEN	TEST		40.2 -76	78000	<input type="checkbox"/>								<input type="checkbox"/>								<input type="checkbox"/>								<input type="checkbox"/>								<input type="checkbox"/>								<input type="checkbox"/>								<input type="checkbox"/>								<input type="checkbox"/>
Container Type	Pressure	Temperature	Location	Description	Lat/Long	Max Amt At Location (lbs)	Confidential Location																																																																									
[A] ABOVE	[1] AMBIEN	[4] AMBIEN	TEST		40.2 -76	78000	<input type="checkbox"/>																																																																									
							<input type="checkbox"/>																																																																									
							<input type="checkbox"/>																																																																									
							<input type="checkbox"/>																																																																									
							<input type="checkbox"/>																																																																									
							<input type="checkbox"/>																																																																									
							<input type="checkbox"/>																																																																									
							<input type="checkbox"/>																																																																									
<p><input type="button" value="Save and Continue"/> <input type="button" value="Exit Without Save"/></p>			<p>Click Save and Continue only ONCE. Saving may take a few moments.</p>																																																																													

# PATTS notifications to admins

From: ra-li-psaf-patts@state.pa.us  
To: LI, PSAF-PATTS  
Cc:  
Subject: 2013 Tier II Annual Submission Certified - Online Tier II Reporting System.

This is an automated message from the Online Tier II Reporting System.

At 9/9/2014 4:01:39 PM, a Report Year 2013 Tier II Annual Submission was certified by Username: mhaas121 for

The Tier II Submission ID is 228013.

PATTS Administrator  
Bureau of Occupational & Industrial Safety/Pennsafe Program  
651 Boas Street Room 1600  
Harrisburg, PA 17121-0750  
Phone: 717-783-2071 Opt 0 Fax: 717-783-5099

From: re-li-psaf-patts@state.pa.us  
To: LI, PSAF-PATTS  
Cc:  
Subject: 2013 Tier II Annual Submission Reviewed - Online Tier II Reporting System.

This is an automated message from the Online Tier II Reporting System.

At 9/9/2014 2:42:21 PM, a Report Year 2013 Tier II Annual Submission was reviewed by the System Administrator for

The Tier II Submission ID is 221314.

PATTS Administrator  
Bureau of Occupational & Industrial Safety/Pennsafe Program  
651 Boas Street Room 1600  
Harrisburg, PA 17121-0750  
Phone: 717-783-2071 Opt 0 Fax: 717-783-5099

# Joint Compliance Efforts

- Notify us if you see an error on a Tier II
- Review facilities that have not reported in this cycle

The screenshot shows the 'TIER II MANAGER™ Admin Console' interface. At the top left is the Pennsylvania Department of Labor & Industry logo. The header text reads: 'PA Department of Labor & Industry, Bureau of Occupational & Industrial Safety/Pennsafe Program, TIER II MANAGER™ Admin Console'. On the left is a navigation menu with items: Logs, User Manager, List Facilities, Facility Manager (highlighted), Facility Search, Tier II Submission, Advanced Search, Control Panel, and Logout GreeneJLA. The main content area is divided into two sections: 'Facility Reports' and 'Facility Information'. The 'Facility Reports' section contains a list of links: 'List All Active Facilities', 'List All Inactive Facilities', 'List All Deleted Facilities', 'List All Facilities without Email Addresses', 'List All Facilities Not Added in the Hazmatlocs Shapefile', 'Click once. This report takes a minute to return results.', 'List All Active Facilities that have Not Started Annual Submissions for 2013', 'List All Active Facilities that have Not Completed Annual Submissions for 2013', 'List All Facilities that have Hardcopy Submission', 'Get Last Certified Tier II Report by Year', 'Tier II Submission Statistics', 'List All Active Facilities with Previous Year Edits', 'List All Facilities without Mail ID', 'List of facilities storing DHS chemicals of interest', and 'Offline Reports'. A red arrow points to the link 'List All Active Facilities that have Not Completed Annual Submissions for 2013'. The 'Facility Information' section contains two links: 'Select Facility using Facility ID' and 'Select Facility from List'.

# Where facilities can find information

File Edit View Favorites Tools Help

 **pennsylvania**  
DEPARTMENT OF LABOR & INDUSTRY

PA Department of Labor & Industry  
Bureau of Occupational & Industrial Safety/Pennsafe Program  
651 Boas Street Room 1600  
Harrisburg, PA 17131-0750  
Phone : 717-783-2071 Opt 0 Fax : 717-783-5095

Online Tier II Reporting System

Reporting Year: 2011 [Users/Free Users](#) [Sign Out](#)

[Run Menu](#) | [Office Reports](#) | [Instructions](#) | [Hard Copy Printing](#) | [Resources](#) | [Website](#) | [Feedback](#) | [Help](#)

### Tier II Regulations

[Continue >>](#)

Welcome to PATTIS, the Pennsylvania Tier II System. Please review the following information before you start any report on this system.

Please [click here to access the abbreviated steps for online reporting.](#)

**NOTE:** A copy of the complete Manual can be accessed through a link on the Resources page of this program. Click on the Resources link in the upper right hand portion of this screen, then click on the link for the PATTIS User Manual. Users can print the Manual and read through it thoroughly to understand the online reporting process.

The Department of Labor & Industry is responsible for the collection and maintenance of Tier II data and related attachments as reported by Pennsylvania facilities and owners/operators. The purpose of this Tier II form is to provide state and local officials with specific information on hazardous chemicals present at your facility for use in emergency preparedness planning.

All facilities are required to maintain a current site plan and a Material Safety Data Sheet (MSDS) for each chemical with their Tier II report. For online submission, the site plan must be submitted as an electronic file in pdf, tif or tiff formats.

**Annual Tier II Report Requirements:** A facility must file an **Annual Tier II** report listing the hazardous chemicals that were present at the facility at levels that equal or exceed these thresholds at any time during the previous calendar year. These annual reports and the related fees are due March 1.

**Initial Tier II Report Requirements:** In the event that a new hazardous chemical is brought onsite during the calendar year OR if the quantity of a hazardous chemical that was already onsite reaches the reporting amount, a facility is required to report that chemical within five (5) business days as an Initial report. The fee for an initial chemical report will not be due until the next annual reporting cycle.

We encourage facilities within the Commonwealth to submit their Tier II reports using this online reporting program. Data as entered will be available for your review and for updating as necessary throughout the year. Vital facility information, such as emergency contacts, can also be updated as necessary at any time during the year. By providing this information via online reporting, your current data is available in real time, eliminating the delays resulting from mail time, processing and data entry.

**RELEVANT LEGISLATION**

Under federal SARA Title III, Section 312 and Pennsylvania Act 165 of 1990, Section 207(c).



# Resource Links

1. To fill out an EPA Trade Substantiation Form, Select this link  
[http://www2.epa.gov/sites/production/files/2014-01/documents/trade\\_secret\\_instructions.pdf](http://www2.epa.gov/sites/production/files/2014-01/documents/trade_secret_instructions.pdf)
2. To view instructions on how to fill out an EPA Trade Substantiation Form, Select this link.  
[http://www2.epa.gov/sites/production/files/2014-01/documents/trade\\_secret\\_instructions.pdf](http://www2.epa.gov/sites/production/files/2014-01/documents/trade_secret_instructions.pdf)
3. To get information and fill out a Toxic Release Inventory Form, Select this link  
<http://www.epa.gov/tri/>
4. Do you need to fill out an Emergency Release Notification? If the answer is YES. Then Select this link.  
[http://www.epa.gov/osweroe1/content/lawsreqs/epcra\\_plan\\_over.htm](http://www.epa.gov/osweroe1/content/lawsreqs/epcra_plan_over.htm)
5. Detailed Tier II Reporting Instructions:  
<https://www.lipatts.beta.state.pa.us/submit/quickguide/PATTSFACILITYUSERMANUAL2010.pdf>
6. Tier II Booklet  
<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=553047&mode=2>
7. List of LEPC's  
[http://www.pema.pa.gov/about/Documents/County\\_Coordinators%20NEW.pdf](http://www.pema.pa.gov/about/Documents/County_Coordinators%20NEW.pdf)
8. EPA Tier II Basics:  
[http://www.epa.gov/osweroe1/content/epcra/epcra\\_storage.htm](http://www.epa.gov/osweroe1/content/epcra/epcra_storage.htm)
9. EPA List of Lists:  
<http://www2.epa.gov/toxics-release-inventory-tri-program/epa-list-lists-oct-2012-update>
10. EPA Info on Latitude/Longitude  
<http://www.epa.gov/owow/monitoring/volunteer/stream/appendc.html>
11. Sic Code:  
<http://www.osha.gov/pls/imis/sicsearch.html>
12. NAICS Info:  
<http://www.naics.com/search/>
13. EPA Hotline Phone Number: 1-800-424-9346
14. GOOGLE MAPS  
<http://www.googlemaps.com>
15. EPA NEPA Assist Lat/Long Siting Tool  
**User can move cursor over any location near the address to get exact lat/long for Tier II report**
16. Searchable database of RMP and TRI facilities  
<http://www.rtknet.org/db/rmp/rmp.php?state=PA&detail=-1&reptype=f&datatype=C&submit=GO>
17. EPA Frequently Asked Questions  
<http://www2.epa.gov/epcra>
18. EPA List of EHS and Threshold Planning Quantity  
<http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=45b427dd672fe5329c92f1e3819a335b&rqn=div9&view=text&node=40:29.0.1.1.11.4.17.3.14&idno=40>

# Where county users can find help

**pennsylvania**  
DEPARTMENT OF LABOR & INDUSTRY

PA Department of Labor & Industry  
Bureau of Occupational & Industrial Safety/Pennsafe Program  
Online Tier II Reporting System

Home | State Website | Feedback | Help | Sign Out  
[User: dgreemag] [Sign Out](#)

Select Active Layer: **Hazmat Locations**

Summary List Office Reports Search Facilities Advanced Search Search Help **Resources**

### Facilities by County

County Name	Number of Facilities
Adams	300
Allegheny	1643
Armstrong	267
Beaver	330
Bedford	116
Berks	613
Blair	284
Bradford	690
Bucks	737
Butler	513
Cambria	299
Cameron	33
Carbon	113
Centre	520
Chester	581
Clinton	222
Clearfield	726
Columbia	139
Columbia	137
Crawford	1802
Cumberland	672
Dauphin	511
Delaware	467
Elk	137
Erie	592
Fayette	419
Forest	124
Franklin	265
Fulton	26
Greene	297
Huntingdon	80
Indiana	358

# Where county users can find help

## RESOURCE LINKS

1. To get an overview of Emergency Planning and Community Right-to-Know Act (EPCRA), Select this link:  
<http://www.epa.gov/oweroe/content/lawreqs/epcraover.htm>
2. What does the Emergency Response Plan have to include?  
[http://www.epa.gov/oweroe/content/epcra/epcra\\_plan.htm](http://www.epa.gov/oweroe/content/epcra/epcra_plan.htm)
3. Link to Federal Emergency Management Agency (FEMA)  
<http://www.fema.gov>
4. PENNSAFE (Keeper of the Tier II Reports)  
<http://www.dli.state.pa.us/land/cwp/View.asp?a=1448&Q=65642&landIN avDLTEST=%7C857%7C1025%7C>
5. Contact info for your SERC  
[http://www.epa.gov/emergencies/content/epcra/serc\\_contacts.htm](http://www.epa.gov/emergencies/content/epcra/serc_contacts.htm)
6. EPCRA Factsheet  
<http://www.epa.gov/oweroe/tdocs/chem/epcra.pdf>
7. Detailed Tier II Reporting Instructions:  
<http://www.dli.state.pa.us/land/cwp/View.asp?a=1448&Q=65761>
8. Tier II Booklet:  
<http://www.dli.state.pa.us/land/vlib/land/pdf/pennsafe/pdfs/pf-6.pdf>
9. List of LEPs:  
[http://www.pema.pa.gov/about/Documents/County\\_Coordinators%20NEW.pdf](http://www.pema.pa.gov/about/Documents/County_Coordinators%20NEW.pdf)
10. EPA Tier II Basics:  
[http://www.epa.gov/oweroe/content/epcra/epcra\\_storage.htm](http://www.epa.gov/oweroe/content/epcra/epcra_storage.htm)
11. EPA List of Lists  
<http://www2.epa.gov/toxics-release-inventory-tri-program/epa-list-lists-oct-2012-update>
12. EPA Info on Latitude/Longitude:  
<http://www.epa.gov/owow/monitoring/volunteer/stream/appendc.html>
13. Sic Code:  
<http://www.oesa.gov/pls/mis/elcsearch.html>
14. NAICS Info:  
<http://www.naics.com/search/>
15. EPA Hotline Phone Number: 1-800-424-9346
16. Data Export Resource Materials  
[https://www.lipatts.state.pa.us/resources/TierII\\_Data\\_Export\\_Process\\_UserManual\\_v1.pdf](https://www.lipatts.state.pa.us/resources/TierII_Data_Export_Process_UserManual_v1.pdf)
17. Data Export Decryption Tool  
<https://www.lipatts.state.pa.us/resources/DecryptToolv1.0.2.zip>
18. Data Export Data Dictionary  
[https://www.lipatts.state.pa.us/resources/SubmissionsExport\\_DataDictionary\\_v2\\_05312011.doc](https://www.lipatts.state.pa.us/resources/SubmissionsExport_DataDictionary_v2_05312011.doc)
19. Planning Module User Manual DRAFT  
[https://www.lipatts.state.pa.us/resources/T2M45\\_UM\\_PA\\_PA\\_DRAFT.pdf](https://www.lipatts.state.pa.us/resources/T2M45_UM_PA_PA_DRAFT.pdf)
20. GIS MAP KEY identifying layer icons  
[https://www.lipatts.state.pa.us/resources/GIS\\_map\\_key.xls](https://www.lipatts.state.pa.us/resources/GIS_map_key.xls)
21. GOOGLE MAPS  
<http://www.googlemaps.com>
22. EPA NEPAassist Lat/Long String Tool  
- User can move cursor over any location near the address to get exact lat/long for Tier II report
23. Searchable database of RMP and TRI facilities  
<http://www.rtknet.org/db/rmp/rmp.php?state=PA&detail=-1&reptype=f&datatype=C&submit=GO>
24. EPA Frequently Asked Questions  
<http://www2.epa.gov/epcra>
25. EPA List of EHS and Threshold Planning Quantity  
<http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=45b427dd672fe5329c92f1e3819a335b&rgn=div3&view=text&node=40.29.0.1.1.11.4.17.3.14&dno=40>

# EPA Audits

- The audit process
- Who is audited?
- Our role

# EPA Audits

**Proposed Action:** Issuance of show cause letter followed by an administrative complaint and/or Super Consent Agreement and Final Order

**Basis for Action:** On December 11, 2012, EPA conducted a high-risk inspection of \_\_\_\_\_'s compliance with Risk Management Program (RMP) requirements of Section 112(r) of the CAA. At that time EPA requested and received from the facility information pertaining to its chemical inventory and its hazardous chemical reporting under Sections 311 and 312 of EPCRA. Based on an evaluation of this information, EPA believes the facility failed to timely submit MSDSs and Tier II forms for calendar years 2009-2012 to the SERC, LEPC, and local fire department as required. It is appropriate to use a show cause letter to allow the facility the opportunity to provide additional evidence for EPA's consideration prior to issuing an administrative complaint in this case. A penalty of approximately \$122,460 against \_\_\_\_\_, the owner and operator of \_\_\_\_\_, for the violations is proposed at this point, but may be revised if information provided by the facility justifies that. Whatever penalty is determined appropriate will be embodied in a Super Consent Agreement and Final Order.

**Proposed Recipients:** \_\_\_\_\_, President, \_\_\_\_\_ Inc. located at \_\_\_\_\_ in \_\_\_\_\_, PA

**Statute/Regulation:** Section 325 of EPCRA

**Sensitivity Determination:** There is no known political sensitivity identified at this time.

**State Coordination:** The Pennsylvania Department of Environmental Protection (PADEP) is unaware of EPA's intent to issue a show cause letter at this point; however it was alerted to EPA's intent to conduct the December 2012 RMP inspection through the enforcement notification process.

---

# EPCRA

EPCRA Section 312(e)(3) Availability to the Public –

- (A) **IN GENERAL.**– “Any person may request a State emergency response commission or local emergency planning committee for tier II information relating to the preceding year with respect to a facility. Any such request shall be in writing and shall be with respect to a specific facility.”
- (B) **AUTOMATIC PROVISION OF INFORMATION TO THE PUBLIC.** – “Any tier II information which a State emergency response commission or local emergency planning committee has in its possession shall be made available to a person making a request under this paragraph in accordance with section 324.”
- (C) **DISCRETIONARY PROVISION OF INFORMATION TO PUBLIC.**
- (D) **RESPONSE IN 45 DAYS.** – A State emergency response commission or local emergency planning committee shall respond to a request for tier II information under this paragraph no later than 45 days after the date of receipt of the request.

# EPCRA

## EPCRA Section 324 PUBLIC AVAILABILITY OF PLANS, DATA SHEETS, FORMS AND FOLLOWUP NOTICES.

(a) AVAILABILITY TO PUBLIC. – Each emergency response plan, material safety data sheet, list described in section 311(1)(2), inventory form, toxic chemical release form, and followup emergency notice shall be made available to the general public, consistent with section 322, during normal working hours at the location or locations designated by the Administrator, Governor, State emergency response commission, or local emergency planning committee, as appropriate. Upon request by an owner or operator of a facility subject to the requirements of section 312, the State emergency response commission and the appropriate local emergency planning committee shall withhold from disclosure under this section the location of any specific chemical required by section 312(d)(2) to be contained in an inventory form as tier II information.

Note: Section 322 covers Trade Secret information.

# RTK Decision

[http://www.pacourts.us/assets/opinions/Commonwealth/out/1653CD13\\_5-5-14.pdf?cb=1](http://www.pacourts.us/assets/opinions/Commonwealth/out/1653CD13_5-5-14.pdf?cb=1)

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

Department of Labor and Industry, :  
Petitioner :  
 : No. 1653 C.D. 2013  
v. : Argued: March 12, 2014  
 :  
William Heltzel, :  
Respondent :

BEFORE: HONORABLE DAN PELLEGRINI, President Judge  
HONORABLE BERNARD L. MCGINLEY, Judge  
HONORABLE RENÉE COHN JUBELIRER, Judge  
HONORABLE ROBERT SIMPSON, Judge  
HONORABLE MARY HANNAH LEAVITT, Judge  
HONORABLE P. KEVIN BROBSON, Judge  
HONORABLE ANNE E. COVEY, Judge

OPINION  
BY JUDGE SIMPSON FILED: May 5, 2014

This Right-to-Know Law (RTKL)<sup>1</sup> appeal involves the impact of a federal law on the public status of records. William Heltzel, a Senior Investigative Reporter for *PublicSource* (Requester), sought records relating to hazardous chemicals from the Department of Labor and Industry (L&I). L&I asserted the records were protected by exceptions in Section 708(b) of the RTKL, 65 P.S. §67.708(b), related to safety and physical security.

The Office of Open Records (OOR) issued a final determination ordering disclosure of certain records. Specifically, it deemed the information “public” under the federal Emergency Planning and Community Right-to-Know Act

# RTK Decision

## III. Conclusion

OOR enjoys authority under the RTKL to interpret federal statutes when performing its adjudicatory role.

Nonetheless, we recognize the distinction between interpreting terms of a federal statute and effectuating public access under a separate statutory scheme. Here, OOR invoked EPCRA's provisions as establishing the public nature of Tier II information, but it neglected the reduced access EPCRA permits. OOR erred in both respects. EPCRA provides the records will be made *available* under certain conditions, which is different than clearly establishing the public nature of records.

As EPCRA did not establish public nature of the requested records, the RTKL exceptions asserted must be considered.

# Confidential information

1. It is up to the facility to identify confidential information **when** they file the report.
2. What is a confidential chemical location?
3. Claiming trade secret status.
4. Is the contact information confidential? Should it be?
5. The NOTES section of a PATTS Tier II.



# Confidential location designation

Chemical Description		Physical & Health Hazards	Inventory		Storage Codes & Location																			
Chemical ID : 531411 Chemical Information is changed from Last : <input checked="" type="checkbox"/> Submission : CAS : 7864939 Trade Secret : <input type="checkbox"/> Chemical Name : <b>BATTERY ACID</b> EHS : <input type="checkbox"/> Contains EHS : <input type="checkbox"/> EHS Name : <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Chemical is reported voluntarily and is not present in reportable quantities or exempt from reporting for Section 311(e) (MSDS/Chemical List), Section 312 (annual Tier Two Reporting), and the OSHA Hazard Communications Act regulations.		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate <input checked="" type="checkbox"/> Delayed (Chronic)	3315 Max Daily Amt(lbs) 04 Max Daily Amount Code 3315 Ave. Daily Amount (lbs.) 04 Ave. Daily Amount Code 365 No of days on site	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> <th>Description</th> <th>Lat/Long</th> <th>Max Amt At Location(lbs)</th> </tr> </thead> <tbody> <tr> <td>[R] OTHER Desc</td> <td>2) GREATER THAN AMBIENT PRESSURE</td> <td>3) GREATER THAN AMBIENT TEMPERATURE</td> <td>BATTERY CHARGING AREA</td> <td></td> <td>0 0</td> <td>0</td> </tr> </tbody> </table>	Container Type	Pressure	Temperature	Storage Location	Description	Lat/Long	Max Amt At Location(lbs)	[R] OTHER Desc	2) GREATER THAN AMBIENT PRESSURE	3) GREATER THAN AMBIENT TEMPERATURE	BATTERY CHARGING AREA		0 0	0						
Container Type	Pressure	Temperature	Storage Location	Description	Lat/Long	Max Amt At Location(lbs)																		
[R] OTHER Desc	2) GREATER THAN AMBIENT PRESSURE	3) GREATER THAN AMBIENT TEMPERATURE	BATTERY CHARGING AREA		0 0	0																		
Chemical ID : 527747 Chemical Information is changed from Last : <input checked="" type="checkbox"/> Submission : CAS : 1306383 Trade Secret : <input type="checkbox"/> Chemical Name : <b>CERIUM OXIDE</b> EHS : <input type="checkbox"/> Contains EHS : <input type="checkbox"/> EHS Name : <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Chemical is reported voluntarily and is not present in reportable quantities or exempt from reporting for Section 311(e) (MSDS/Chemical List), Section 312 (annual Tier Two Reporting), and the OSHA Hazard Communications Act regulations.		<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed (Chronic)	10000 Max Daily Amt(lbs) 06 Max Daily Amount Code 10000 Ave. Daily Amount (lbs.) 06 Ave. Daily Amount Code 364 No of days on site	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> <th>Description</th> <th>Lat/Long</th> <th>Max Amt At Location(lbs)</th> </tr> </thead> <tbody> <tr> <td>[A] ABOVE GROUND TANK (Confidential)</td> <td>1) AMBIENT PRESSURE (Confidential)</td> <td>4) AMBIENT TEMPERATURE (Confidential)</td> <td>SADFDADF (Confidential)</td> <td>(Confidential)</td> <td>0 0 (Confidential)</td> <td>0 (Confidential)</td> </tr> </tbody> </table>	Container Type	Pressure	Temperature	Storage Location	Description	Lat/Long	Max Amt At Location(lbs)	[A] ABOVE GROUND TANK (Confidential)	1) AMBIENT PRESSURE (Confidential)	4) AMBIENT TEMPERATURE (Confidential)	SADFDADF (Confidential)	(Confidential)	0 0 (Confidential)	0 (Confidential)						
Container Type	Pressure	Temperature	Storage Location	Description	Lat/Long	Max Amt At Location(lbs)																		
[A] ABOVE GROUND TANK (Confidential)	1) AMBIENT PRESSURE (Confidential)	4) AMBIENT TEMPERATURE (Confidential)	SADFDADF (Confidential)	(Confidential)	0 0 (Confidential)	0 (Confidential)																		
Chemical ID : 516395 Chemical Information is changed from Last : <input type="checkbox"/> Submission : CAS : N/A Trade Secret : <input type="checkbox"/> Chemical Name : <b>DIESEL FUEL OIL</b> EHS : <input type="checkbox"/> Contains EHS : <input type="checkbox"/> EHS Name : <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Chemical is reported voluntarily and is not present in reportable quantities or exempt from reporting for Section 311(e) (MSDS/Chemical List), Section 312 (annual Tier Two Reporting), and the OSHA Hazard Communications Act regulations.		<input type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate <input type="checkbox"/> Delayed (Chronic)	50000 Max Daily Amt(lbs) 08 Max Daily Amount Code 30000 Ave. Daily Amount (lbs.) 06 Ave. Daily Amount Code 365 No of days on site	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> <th>Description</th> <th>Lat/Long</th> <th>Max Amt At Location(lbs)</th> </tr> </thead> <tbody> <tr> <td>[B] BELOW GROUND TANK (Confidential)</td> <td>1) AMBIENT PRESSURE (Confidential)</td> <td>4) AMBIENT TEMPERATURE (Confidential)</td> <td>ZKDVCKV (Confidential)</td> <td>(Confidential)</td> <td>0 0 (Confidential)</td> <td>0 (Confidential)</td> </tr> </tbody> </table>	Container Type	Pressure	Temperature	Storage Location	Description	Lat/Long	Max Amt At Location(lbs)	[B] BELOW GROUND TANK (Confidential)	1) AMBIENT PRESSURE (Confidential)	4) AMBIENT TEMPERATURE (Confidential)	ZKDVCKV (Confidential)	(Confidential)	0 0 (Confidential)	0 (Confidential)						
Container Type	Pressure	Temperature	Storage Location	Description	Lat/Long	Max Amt At Location(lbs)																		
[B] BELOW GROUND TANK (Confidential)	1) AMBIENT PRESSURE (Confidential)	4) AMBIENT TEMPERATURE (Confidential)	ZKDVCKV (Confidential)	(Confidential)	0 0 (Confidential)	0 (Confidential)																		



# Review the Notes

Notes	
Notes entered by Company/Facility User	EXERCISE - TEST 'FARM' SITE. NOTE: ADDITIONAL AG CHEMS STORED ON SECOND FLOOR OF THE BARN, NW CORNER. CHEMS UNDER REPORTING THRESHOLD INCLUDE AZINPHOS, LIME AND CALCIUM CHLORIDE. CBF 3/2013 ALL EMAIL AND PHONE NUMBERS ARE CONSIDERED CONFIDENTIAL.
Notes entered by Administrator	
Notes entered by Planner/Responder User	



“ALL EMAIL AND PHONE NUMBERS ARE CONSIDERED CONFIDENTIAL.”

Chemical Amount Range Code & Description		
#	Code	Amount Range
1	01	[01] 0-99
2	02	[02] 100-499
3	03	[03] 500-999
4	04	[04] 1,000-4,999
5	05	[05] 5,000-9,999
6	06	[06] 10,000-24,999
7	07	[07] 25,000-49,999
8	08	[08] 50,000-74,999
9	09	[09] 75,000-99,999
10	10	[10] 100,000-499,999
11	11	[11] 500,000-999,999
12	12	[12] 1,000,000-9,999,999
13	13	[13] 10,000,000- Greater than 10 million

# Presidential Executive Order 13650

August 1, 2013

## Executive Order -- Improving Chemical Facility Safety and Security

EXECUTIVE ORDER

-----

### IMPROVING CHEMICAL FACILITY SAFETY AND SECURITY

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

Section 1. Purpose. Chemicals, and the facilities where they are manufactured, stored, distributed, and used, are essential to today's economy. Past and recent tragedies have reminded us, however, that the handling and storage of chemicals are not without risk. The Federal Government has developed and implemented numerous programs aimed at reducing the safety risks and security risks associated with hazardous chemicals. However, additional measures can be taken by executive departments and agencies (agencies) with regulatory authority to further improve chemical facility safety and security in coordination with owners and operators.

Sec. 2. Establishment of the Chemical Facility Safety and Security Working Group. (a) There is established a Chemical Facility Safety and Security Working Group (Working Group) co-chaired by the Secretary of Homeland Security, the Administrator of the Environmental Protection Agency (EPA), and the Secretary of Labor or their designated representatives at the Assistant Secretary level or higher. In addition, the Working Group shall consist of the head of each of the following agencies or their designated representatives at the Assistant Secretary level or higher:

- (i) the Department of Justice;
- (ii) the Department of Agriculture; and
- (iii) ~~the~~ Department of Transportation.

(b) In carrying out its responsibilities under this order, the Working Group shall consult with representatives from:

- (i) ~~the~~ Council on Environmental Quality;

<https://www.osha.gov/chemicalexecutiveorder/>

UNITED STATES DEPARTMENT OF LABOR

Search

A to Z Index | En Español | Contact Us | FAQs | About OSHA

OSHA

SHARE

OSHA QuickTakes Newsletter

RSS Feeds

Was this page helpful?

Occupational Safety & Health Administration We Can Help

What's New | Offices | OSHA

Home Workers Regulations Enforcement Data & Statistics Training Publications Newsroom Small Business Anti-Retaliation

## Executive Order 13650: Improving Chemical Facility Safety and Security

### Status Report

As Tri-Chairs of the Chemical Facility Safety and Security Working Group established by Executive Order 13650, we are pleased to release the [status report](#)\* on behalf of all the departments and agencies involved in this effort. The report summarizes the Working Group's progress, focusing on actions to date, findings and lessons learned, challenges, and short and long-term priority actions. The report, entitled [Actions to Improve Chemical Facility Safety and Security – A Shared Commitment](#)\*, includes with an aggressive Action Plan focused on changing the national landscape of chemical facility safety and security. This report is a milestone in the shared commitment to improving chemical facility safety and security and we ask for continued engagement and active participation by all with a stake in chemical facility safety and security: communities, first responders, workers and industry; local, tribal, State, and Federal Government.

If you have any questions or comments regarding Executive Order 13650 or this report, please visit <https://www.osha.gov/chemicalexecutiveorder> for more information, or email [EO.chemical@hq.dhs.gov](mailto:EO.chemical@hq.dhs.gov).

[Status Report Fact Sheet\\*](#)

[Executive Order Progress Update\\*](#): February 2014

[Executive Order Progress Update\\*](#): December 2013

### Background

On August 1, 2013, President Obama signed Executive Order 13650, entitled Improving Chemical Facility Safety and Security. The Executive Order directs the Federal Government to improve operational coordination with state and local partners; improve Federal agency coordination and information sharing; modernize policies, regulations, and standards; and work with stakeholders to identify best practices.

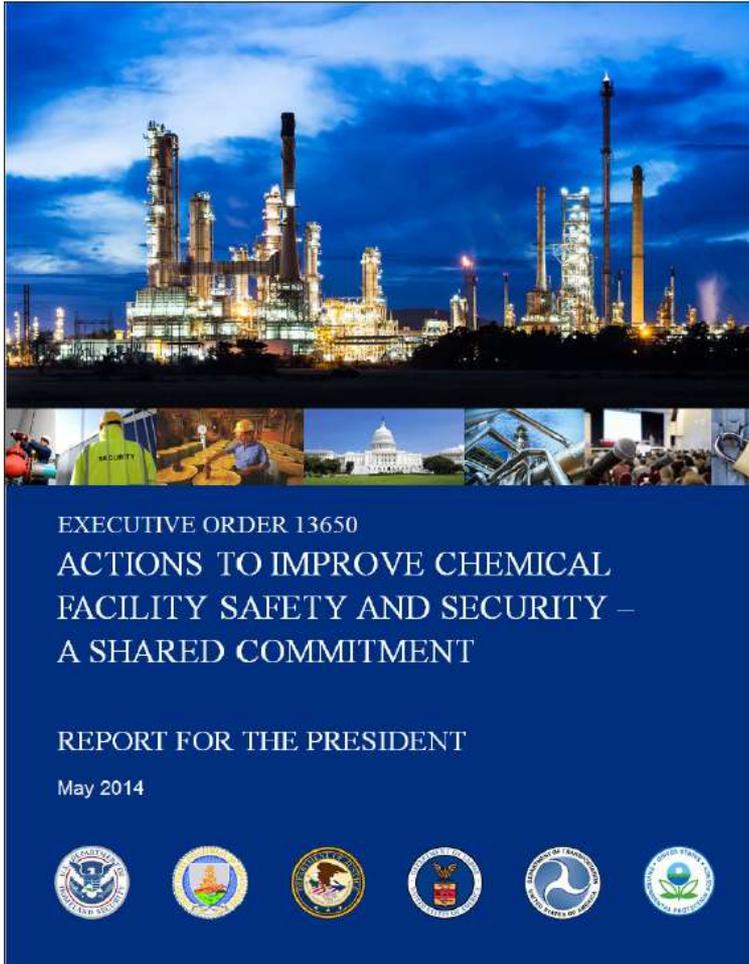


# Presidential Executive Order 13650

Click on hyperlink “status report” in the first paragraph of the webpage to view the EO 13650 Workgroup’s recently released Status Report.

If you have any comments or concerns about Workgroup activities, you are encouraged to submit them to [eo.chemical@hq.dhs.gov](mailto:eo.chemical@hq.dhs.gov).

# Status Report



# CFATS Proposed Rule Making

<https://www.federalregister.gov/public-inspection>

From: EO,Chemical <eo.chemical@hq.dhs.gov>  
To: EO,Chemical  
Cc:  
Subject: Chemical Facility Anti-Terrorism Standards – Advance Notice of Proposed Rulemaking

Sent: Fri 8/15/2014 9:28 AM

Today, the Department of Homeland Security posted an Advance Notice of Proposed Rulemaking (ANPRM) for public inspection. On Monday, the ANPRM will be published in the *Federal Register* and available for public comment. For the purpose of more fully maturing the program, DHS is initiating this rulemaking process to help it identify how to make the Chemical Facility Anti-Terrorism Standards (CFATS) program more effective in achieving its regulatory objectives.

As the Department continues to make significant progress and promote program transparency, this ANPRM will provide an opportunity to hear and consider the views of regulated industry and other interested members of the public on their recommendations for program modification. We have worked closely with industry to mature and improve the CFATS program, and this ANPRM represents the first opportunity since the inception of the CFATS program for stakeholders to submit input on a new CFATS rulemaking.

While the ANPRM, which you can read in the *Federal Register* at <https://www.federalregister.gov/public-inspection>, includes a few specific questions, the Department is open to feedback and comments on all aspects of the program. Comments can be submitted through the Federal eRulemaking Portal at <http://www.regulations.gov>, or in writing to U.S. Department of Homeland Security, National Protection and Programs Directorate, Office of Infrastructure Protection, Infrastructure Security Compliance Division, 245 Murray Lane, Mail Stop 0610, Arlington, VA 20528-0610.

The Department is also holding a series of listening sessions across the country to hear stakeholder comments in person. Dates, locations, and registration information will be available in coming days on <http://www.dhs.gov/cfats-rulemaking>. For more information, email [cfats@hq.dhs.gov](mailto:cfats@hq.dhs.gov).

The CFATS program is a key component of America's security and the Department thanks you for your continued efforts to make our Nation and communities more secure.

# CFATS Continued

<https://www.federalregister.gov/articles/2014/08/18/2014-19356/chemical-facility-anti-terrorism-standards>

The screenshot shows the Federal Register website interface. At the top, there is a navigation bar with links for Sections, Browse, Search, Policy, Learn, Blog, and My FR. Below this is the Federal Register logo and the text "FEDERAL REGISTER The Daily Journal of the United States Government". A blue banner indicates "Proposed Rule". The main heading is "Chemical Facility Anti-Terrorism Standards", with a sub-heading "A Proposed Rule by the Homeland Security Department on 08/18/2014". A red circle highlights a notification: "This document has a comment period that ends in 59 days (10/17/2014)". To the right of this notification is a green button labeled "SUBMIT A FORMAL COMMENT". Below the notification, the "ACTION" section is titled "Advance Notice Of Proposed Rulemaking." The "SUMMARY" section begins with "Section 350 of the Department of Homeland Security Appropriations Act of 2007 provides the Department of Homeland Security (DHS or Department) with the authority to regulate the security of high risk chemical facilities. To implement this authority, DHS issued the Chemical Facility Anti-Terrorism Standards (CFATS) regulation in 2007. DHS is initiating this rulemaking process as a step towards maturing the CFATS program and to identify ways to make the program more effective in achieving its regulatory objectives. This Advance Notice of Proposed Rulemaking (ANPRM) provides an opportunity for the Department to hear and consider, during the" (text is partially cut off). On the right side, there are links for "Previous Document" and "Next Document", a "LEGAL DISCLAIMER" button, "Font Controls", and options for "PDF", "DEV", "PRINT", and "PUBLIC INSPECTION". The "Publication Date" is listed as "Monday, August 18, 2014" and the "Agencies" are "Office of the Secretary". At the bottom right, the logo for the Pennsylvania Department of Labor & Industry is displayed.

# ▶ For the next reporting cycle

- PATTS system will begin to accept the 2014 annual reports on January 9, 2015
- No changes to the data elements
- *Email* notification will be sent in December to all facility submitters and our county partners
- Please keep your email addresses current with us

# Contact Info

Carol B. Freeman, Admin. Officer  
Bureau of Occupational & Industrial Safety/  
Pennsafe Program  
Room 1600 – Labor & Industry Building  
651 Boas Street  
Harrisburg, PA 17121-0750  
Phone: 717-214-0852  
Email: [cafreeman@pa.gov](mailto:cafreeman@pa.gov)

Office: 717-783-2071, Option 0  
Email: [ra-li-psaf-patts@pa.gov](mailto:ra-li-psaf-patts@pa.gov)

PATTS: <https://www.lipatts.state.pa.us/submit>