

## ACCIDENTAL SPILL PREVENTION PLAN

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact # 1: \_\_\_\_\_ Title: \_\_\_\_\_

Contact # 2: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Products Manufactured: \_\_\_\_\_

Operating Schedule: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

SIC Code: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

- 1. Facility Layout and Flow Diagram:** Attach copy addressing facility layout, entrance and exits, chemical storage areas, manufacturing area and floor drains, floor sumps and oil and sand interceptors.
  
- 2. Chemical Data:** List chemical names, maximum volume, chemical storage location, disposal method and documentation of disposal, copies of the Material Safety Data Sheets.
  
- 3. Spill and leak prevention equipment:** Attach list
  
- 4. Emergency Response and procedures:** Attach copy of procedures
  
- 5. Spill Reporting:** Attach list and documentation that employees have been trained on what to do in the event of an accidental spill. Who and when to contact, list of each agency and phone numbers that employees would use in case of an emergency.