

_____ **County**
Local Emergency Planning Committee
_____ South Dakota

Pursuant to Title III of the Superfund Amendments and Reauthorization Act (SARA), the Governor of South Dakota designated a State Emergency Response Commission (SERC) to implement a hazardous materials emergency response program. The SERC has approved the individuals on the following list as the Local Emergency Planning Committee (LEPC) for _____ County.

The **SERC** may be contacted either by writing:

State Emergency Response Commission
Department of Environment and Natural Resources
523 East Capitol Street - Foss Building
Pierre, SD 57501

or by calling: 605-773-3296 normal office hours

The **LEPC** may be contacted either in writing:

_____ County LEPC

_____, South Dakota _____ (zip)

or by calling: (605) _____ - _____ normal office hours
(605) _____ - _____ after office hours

The Local Emergency Planning Committee holds public meetings in room _____ of the _____ . Notices of the meetings are posted _____ days prior to the meeting. Any request for information or documents can be made in writing to the address listed above.

EMERGENCY NOTIFICATION ROSTER

County Dispatch -

PHONE (605) _____ - _____.

County Emergency Coordinator _____

PHONE (605) _____ - _____.

County Emergency Management Director _____

PHONE (605) _____ - _____.

SD Department of Environment and Natural Resources -

PHONE (605) 773-3296

SD Office of Emergency Management (24 HOURS) -

PHONE (605) 773 - 3231

CHEMTREC-----PHONE 1-800-424-9300

National Response Center (NRC)----- PHONE 1-800-424-8802

HAZARDOUS MATERIAL RELEASE --Notification of your organization/agency will set in motion a series of events based upon the information provided. Actions may range from dispatching additional trained personnel to the scene to activating the local emergency response plan. Ensure that local fire and police departments have been notified.

EMERGENCY NOTIFICATION ROSTER

_____ County

Public Safety Center (County dispatch / Sheriff's Office) Sheriff		
Emergency Management Coordinator	(office) (home)	
SD Office of Emergency Management (24 hours)		773-3231
SD Dept. Of Environment & Natural Resources		773-3296
NATIONAL WEATHER SERVICE		
Aberdeen		1-605-225-5594
Rapid City		1-605-341-0346
Sioux Falls		1-800-852-9470
CHEMTREC		1-800-424-9300
National Response Center (NRC)		1-800-424-8802
Poison Control Center - McKennan Hospital - Sioux Falls		1-800-952-0123
SD Highway Patrol		
Coroner		

FIRE DEPARTMENTS

State Fire Marshall		773-3562	
Deputy State Fire Marshall			
Community	Chief	Emergency Phone	Office Phone

AMBULANCE SERVICE

(Rescue Unit)			
Flight for Life Sioux Falls McKannan Sioux Valley Rapid City Region Aberdeen St. Lukes		1-800-367-3278 1-800-872-8621 1-800-232-2452 1-605-622-5900	

MEMBERSHIP ROSTER

MEMBERSHIP ROSTER OF THE _____ COUNTY LEPC

CHAIRMAN _____

MAILING ADDRESS _____

LEPC ROSTER

NAME

ADDRESS

REPRESENTING

HAZARDOUS MATERIAL INCIDENT REPORTING INFORMATION*

DATE _____ TIME _____ AGENCY _____

NAME OF CALLER _____ TELEPHONE NUMBER _____

TYPE OF INCIDENT / ACCIDENT _____ LOCATION _____

TIME OF OCCURRENCE _____ ANY INJURY / DEATH? YES NO

PLACARD YES NO IF YES, IDENTIFICATION NUMBER _____

MATERIAL / PRODUCT INVOLVED (CORRECT SPELLING) _____

TYPE OF CONTAINER _____ AMOUNT _____ SPILL SIZE _____

ENDANGERED AREA _____ POPULATION AREA _____ SPILL MOVEMENT YES NO

WATER BODIES / STREAMS INVOLVED? YES NO IF YES, NAME? _____

IMMEDIATE THREAT HUMAN WILDLIFE WATER SUPPLY FISHLIFE OTHER _____

CURRENT WEATHER CONDITIONS (AT THE SCENE) WIND SPEED & DIRECTION _____

TEMPERATURE _____ CLIMATE _____

CURRENT OR POTENTIAL HEALTH PROBLEM _____

SHIPPER / MANUFACTURER NAME _____ ADDRESS _____ PHONE NUMBER _____

TRUCK DRIVER IDENTIFICATION NAME _____ ADDRESS _____ PHONE NUMBER _____

PERSONNEL / AGENCY (IES) AT SCENE _____

OTHER FACTS / REMARKS _____

* THE OFFICE OF EMERGENCY MANAGEMENT (605-773-3231, 24 HOUR EMERGENCY PHONE NUMBER) MUST BE NOTIFIED AS SOON AS POSSIBLE AFTER RECEIPT OF INCIDENT REPORT.

WRITTEN HAZARDOUS MATERIAL INCIDENT REPORT FOLLOW-UP REPORT

DATE _____

TIME _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____ (WORK) _____ (HOME)

LOCATION OF INCIDENT: _____

IDENTITY OF SUBSTANCE / MATERIAL _____

TRADE NAME: _____

CHEMICAL NAME: _____ CAS # _____

IS THIS SUBSTANCE ON THE SARA 302 LIST? YES NO DO NOT KNOW

WHAT QUANTITY OF THE SUBSTANCE WAS RELEASED? _____

WHAT TIME DID THE RELEASE BEGIN? _____

WHAT WAS THE DURATION OF THE RELEASE? _____

WHAT MEDIA WAS AFFECTED BY THE RELEASE (AIR/WATER/SOIL)? _____

IDENTIFY KNOWN ACUTE OR CHRONIC HEALTH RISKS _____

WHAT PERTINENT MEDICAL ADVICE WAS ISSUED? _____

PROVIDE ADDITIONAL INFORMATION DESCRIBING THE INCIDENT AND ACTIONS TAKEN, ON THE BACK SIDE OF THIS FORM. WHEN COMPLETED MAIL THIS REPORT TO:

SOUTH DAKOTA EMERGENCY RESPONSE COMMISSION
DEPARTMENT OF WATER & NATURAL RESOURCES
OFFICE OF AIR QUALITY & SOLID WASTE
523 EAST CAPITOL STREET, ROOM 217
PIERRE, SD 57501
(605) 773-3153