



# PART I Spill Response Planning

Complete and mail, email or return a **COPY** of the plan to:

Jefferson County Public Health  
 615 Sheridan Street  
 Port Townsend, WA 98368  
 (360) 379-4489  
 RParker@co.jefferson.wa.us

**Business Name/Address**

**UBI Number**

**Contact Person/Owner**

**Phone Number**

## Hazardous Materials

Identify the chemicals you routinely use or store on-site and approximate quantities:

<b>Solvents and Paints</b>	<b>Petrochemicals</b>
<input type="checkbox"/> Solvents <input type="checkbox"/> Paint thinner, turpentine <input type="checkbox"/> Paint, coatings, oil based <input type="checkbox"/> Paint latex <input type="checkbox"/> Lacquer/Varnish <input type="checkbox"/> Wood preservatives <input type="checkbox"/> Other liquids	<input type="checkbox"/> Antifreeze <input type="checkbox"/> Brake fluid, transmission fluid <input type="checkbox"/> Gasoline <input type="checkbox"/> Machine oil, cutting oils <input type="checkbox"/> Motor oil <input type="checkbox"/> Hydraulic fluids <input type="checkbox"/> Other liquids
<b>Acids/Bases*</b>	<b>Other</b>
<input type="checkbox"/> Pool Chemicals <input type="checkbox"/> Concrete and Glass Etching  <small>* Free spill kits are for petroleum based products and do not work on acid/bases.</small>	<input type="checkbox"/> Formaldehyde <input type="checkbox"/> Pesticides/Herbicides

**Approximate total amount of liquid hazardous materials** \_\_\_\_\_



**Identify the employees and/or positions who are trained to respond to spills. Only those who are trained should respond to a spill. Keep training records.**

**What procedures do you want employees to follow for:**

A small spill that doesn't enter the water or environment (soil, water)?

A large spill that enters the water or environment or exceeds the capacity of your in-house expertise?

**What equipment do you have? Where is your emergency equipment? Who inspects it to make sure it is functioning and/ or there are adequate supplies?**

\_\_\_\_\_ Gloves      \_\_\_\_\_ Eye Protection      \_\_\_\_\_ Storm drain barrier

\_\_\_\_\_ Absorbents      \_\_\_\_\_ Fire Extinguisher      \_\_\_\_\_ Respirator

Other \_\_\_\_\_

Facility Layout/Location of Emergency Equipment