

CONTINGENCY PLANNING AND EMERGENCY RESPONSE

1.0 Objective

The objective of this surveillance is to ensure that the laboratory has established and implemented effective plans to deal with off-normal or emergency conditions at facilities that handle, process, treat, store, or dispose of hazardous wastes. The Facility Representative or Environmental, Safety, and Health Support Specialist reviews the readiness of the laboratory to cope with fires, explosions, or unplanned releases of hazardous or mixed wastes. The Facility Representative or Environmental, Safety, and Health Support Specialist verifies that the laboratory's contingency plan is available and current, that personnel have been trained, and that appropriate provisions have been made for mitigating potential emergencies. The Facility Representative or Environmental, Safety, and Health Support Specialist evaluates compliance with current DOE requirements, other applicable regulatory requirements and implementation of best practices.

2.0 References

- 2.1 29 CFR 1910.120
- 2.2 40 CFR 264-265, Subparts 30-50, and Part 227
- 2.3 40 CFR 270-42
- 2.4 40 CFR 112
- 2.5 DOE O 151.1, *Comprehensive Emergency Management System*
- 2.6 DOE 5820.2A, *Radioactive Waste Management*

3.0 Surveillance Activities

This surveillance focuses on ensuring that the laboratory is capable of responding to off normal or emergency conditions that could or have lead to release of hazardous or radioactive materials thus threatening the public, DOE workers, or the environment. The Facility Representative or Environmental, Safety, and Health Support Specialist evaluates availability of the laboratory's contingency plan, training of laboratory staff, and availability of supporting equipment. In performing this surveillance, the Facility Representative or Environmental, Safety, and Health support Specialist completes the following activities:

Activity 1 - Review the availability/effectiveness of the existing laboratory emergency or contingency plan.

Activity 2 - Verify that personnel have received appropriate training.

Activity 3 - Examine the adequacy of preparations for emergencies.

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Surveillance No.: _____

Facility: _____

Date Completed: _____

YES NO N/A

Activity 1 - Review Laboratory Contingency Plan

- | | | | | |
|----|--|-------|-------|-------|
| 1. | Is a copy of the laboratory contingency plan maintained at the laboratory? | _____ | _____ | _____ |
| 2. | Is the plan at the laboratory the most current approved revision and are all revisions to the plan incorporated? | _____ | _____ | _____ |
| 3. | Does the plan include: | | | |
| | a. Personnel to be notified in case of an emergency? | _____ | _____ | _____ |
| | b. Provisions for notifying state and local agencies? | _____ | _____ | _____ |
| | c. Provisions for determining the types of hazardous materials released or at risk of release, potential plume paths, and actions to be taken? | _____ | _____ | _____ |
| | d. Provisions for emergency medical treatment and first aid? | _____ | _____ | _____ |
| | e. Personnel roles, responsibilities, and accountabilities? | _____ | _____ | _____ |
| 4. | Does the laboratory have an evacuation plan or is evacuation addressed in the emergency plan? | _____ | _____ | _____ |
| 5. | Does the evacuation plan accurately identify exits, alternate evacuation paths, rally points and potential shelters for employees? | _____ | _____ | _____ |
| 6. | Are telephone numbers for emergency notifications accurate? | _____ | _____ | _____ |

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Activity 2 - Review Training

The Facility Representative or Environmental, Safety, and Health Support Specialist selects personnel who would be effected by an emergency at the laboratory. The Facility Representative or Environmental, Safety, and Health Support Specialist then verifies that the personnel have received sufficient training on emergency preparedness. In addition, the Facility Representative or Environmental, Safety, and Health Support Specialist interviews personnel to evaluate effectiveness of training.

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
7. Do training records substantiate that selected personnel have attended required hazardous waste operations and emergency response training?	_____	_____	_____
8. Have personnel participated in exercises or drills to ensure that they can fulfill assigned duties during an emergency?	_____	_____	_____
9. Can personnel identify who should be contacted in the event of an emergency and how notifications should be made?	_____	_____	_____
10. Can personnel explain how they would be notified of a possible emergency and what their response to such notification would be?	_____	_____	_____
11. Do personnel know how to evacuate the facility and where to assemble for accountability?	_____	_____	_____

Activity 3 - Examine Preparations for Emergency Response

12. Have equipment and supplies been located at the facility to support medical response and first aid?	_____	_____	_____
13. Have provisions been made for decontaminating personnel exiting the site under emergency conditions?	_____	_____	_____
14. Are shelters and evacuation paths and alternate evacuation paths established as discussed in the contingency plan?	_____	_____	_____
15. Are personal protective equipment and monitoring instruments available to support emergency response?	_____	_____	_____

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	<u>YES</u>	<u>NO</u>	<u>N/A</u>
16. Are adequate and complete procedures available for responding to emergencies or abnormal conditions?	_____	_____	_____

OTHER:

_____	_____	_____	_____

_____	_____	_____	_____

_____	_____	_____	_____

NOTES/COMMENTS:

PERSONNEL CONTACTED: _____

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**IF MORE SPACE IS NEEDED FOR FINDINGS, OBSERVATIONS, AND FOLLOWUP
ITEMS - USE ADDITIONAL SHEETS**

FINDINGS:

Finding No.: _____

Description: _____

Finding No.: _____

Description: _____

Finding No.: _____

Description: _____

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OBSERVATIONS:

Observation No.: _____

Description: _____

Observation No.: _____

Description: _____

Observation No.: _____

Description: _____

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FOLLOWUP ITEMS:

Followup Item No.: _____

Description: _____

Followup Item No.: _____

Description: _____

Followup Item No.: _____

Description: _____

LABORATORY MANAGEMENT DEBRIEFED AND RESULTS: _____

Signature: _____ Date: _____

Facility Representative or
Environmental, Safety, and Health Support Specialist