



EMERGENCY RESPONSE PLAN

Purpose: The Emergency Response Plan (ERP) is required to be developed and maintained by all Concentrated Animal Feeding Facilities (CAFFs), Major Concentrated Animal Feeding Facilities (MCAFFs), and Concentrated Animal Feeding Operations (CAFOs). Emergency Response Plans are used to minimize the environmental impact of emergencies that could happen at a facility.

In preparing the ERP, it is recommended that the owner or operator use this form or a form that is pre-approved by the Director of Agriculture. Alternative forms must contain all of the required information as specified in Rule 901:10-2-17 of the Ohio Administrative Code (OAC).

Parts 4, 5, 6 and 7 of the Emergency Response Plan are not required as part of the plan. They are however strongly recommended as a resource for the owner or operator to have onsite in case of an emergency.

It is recommended that the owner or operator keep a copy of the ERP in the Operating Record and a copy at the site office so that it is easily accessible to all employees in the case of an emergency.

The following sections are for the Emergency Response Plan:

- Part 1: General Facility Information Record
- Part 2: Discharge or Spill Emergency Response Plan
- Part 3: List of Emergency Equipment Suppliers and Contacts
- Part 4: Prearranged Emergency Response Agreements
- Part 5: Fire Emergency Response Information Sheet
- Part 6: Power Outage Information Sheet
- Part 7: Personnel Information



GENERAL FACILITY INFORMATION RECORD

OWNER/OPERATOR NAME AND FACILITY INFORMATION *Rule 901:10-2-17(A)(1)*

Name of Facility: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

Owner/Operator: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

CERTIFIED LIVESTOCK MANAGER (If applicable)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

EMERGENCY CONTACT INFORMATION

1. Second Contact Person, if owner/operator not available:

Name: _____

Phone: _____ Fax: _____ Cell: _____

2. Third Contact Person, if owner/operator and second contact not available:

Name: _____

Phone: _____ Fax: _____ Cell: _____

EMERGENCY RESPONSE CONTACT PHONE NUMBERS

Ambulance (EMS): _____

Fire Department: _____

County Sherriff: _____

EMERGENCY RESPONSE CONTACT PHONE NUMBERS (STATE)

Emergency Management Agency (EMA): _____

Ohio EPA Emergency Response Spill: (800) 282-9378

Ohio Department of Agriculture: (614) 387-0470

After Hours Ohio Department of Agriculture: (800) 282-1955

EMERGENCY RESPONSE CONTACT PHONE NUMBERS (LOCAL/COUNTY)

Local Health Department: _____

Natural Resources Conservation Service: _____

Soil and Water Conservation District: _____

DIRECTIONS TO THE FACILITY FROM NEAREST MAJOR INTERSECTION:

FACILITY MAP FOR EMERGENCY RESPONSE

Provide a copy of the facility map (as required on form 3900-PTO-001) that in addition shows the location of hazardous materials, fuel storage, electrical panels, possible direction of manure runoff, and where berming may take place to contain any accidental discharge. Also, indicate the location of materials that could be used for temporary berms (i.e., dirt piles, old hay bales, sawdust, etc.) Areas shall be identified on the map where potential spills can occur and their accompanying surface and subsurface drainage points.

- (ii) The approximate amount and the characteristics of the discharge or manure spillage;
- (iii) The waters of the state affected by the discharge or spillage;
- (iv) The circumstances which created the discharge or spillage;
- (v) The names and telephone numbers of persons who have knowledge of these circumstances;
- (vi) Those steps being taken to clean up the discharge or spillage; and
- (vii) The names and telephone numbers of persons responsible for the cleanup.

*THE OWNER OR OPERATOR SHALL **ALSO** FILE A WRITTEN REPORT OF THE OCCURRENCE IN LETTER FORM WITHIN FIVE DAYS FOLLOWING FIRST KNOWLEDGE OF THE OCCURRENCE, UNLESS OTHERWISE WAIVED BY THE DIRECTOR OF AGRICULTURE. THIS REPORT SHALL OUTLINE THE ACTIONS TAKEN OR PROPOSED TO BE TAKEN TO CORRECT THE PROBLEM AND TO ENSURE THAT THE PROBLEM DOES NOT RE-OCCUR.*

(901:10-2-17[A][4][d])

THE WRITTEN REPORT SHALL BE SENT TO THE FOLLOWING ADDRESS:

*OHIO DEPARTMENT OF AGRICULTURE
LIVESTOCK ENVIRONMENTAL PERMITTING PROGRAM
8995 EAST MAIN STREET
REYNOLDSBURG, OH 43068*

LIST OF EMERGENCY EQUIPMENT SUPPLIERS AND CONTACTS

This includes equipment that is available twenty-four hours a day. Include phone numbers and primary contacts. Put a list in the order that the owner or operator would like the equipment operators contacted. Post a copy in each building onsite, in site office, and at the owner or operator's residence, preferably posted by a phone or the main doorway. (*Rule 901:10-2-17[A][3][d]*)

Owner	Phone	Location	Comments
IRRIGATION PUMPS:			
BULLDOZER/TRACK LOADER:			
BACKHOE:			
VACUUM SLURRY TANK:			
OTHER:			

PREARRANGED EMERGENCY RESPONSE AGREEMENTS

This part is not required, but strongly recommended.

To deal with an emergency quickly and effectively, most operations need assistance from other individuals. It is essential that prior arrangements be made so every person involved knows what to do when an emergency arises. Individuals can quickly bring equipment such as tractors with plows, backhoes, bulldozers, or personnel with shovels. Reciprocal agreements can be established with these neighbors.

If a spill occurs, it is very important to have access to nearby land, irrigation, and earth-moving equipment. In most cases, the owner or operator, producer, farmer, or emergency response personnel must contact people who own the equipment needed to respond to a spill. Having a prearranged written agreement with these people simplifies matters. The terms of these arrangements should include such things as financial compensation and a description of the equipment that would be used. List any arrangements made with other owners, operators, or producers and neighbors to share personnel and/or equipment, supplies, and land access during an emergency.

ACCESS AGREEMENT – (The following is a sample land access agreement.)

This document will serve as an access land agreement between

_____, hereafter called Owner or Operator and

_____, hereafter called Neighbor.

In the unlikely event that a manure discharge originating from the owner or operator's property enters neighbor's property, neighbor hereby grants permission to owner or operator or his agents to enter neighbor's property and take any reasonable steps to control, contain, and remediate the manure discharge.

Owner or Operator agrees to restore Neighbor's property to its original condition.

Owner/Operator Print Name

Owner/Operator Signature

Date Signed

Neighbor Print Name

Neighbor Signature

Date Signed

List any arrangements made with other owners or operators to share personnel and/or equipment, supplies, and land access during an emergency.

AGREEMENTS ON FILE:

Contract One: _____

Contract Two: _____

LAGOON PUMPING SERVICES:

Lagoon Pumping Services should be within a reasonable distance from the facility and able to respond to an emergency at the facility.

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

FIRE EMERGENCY RESPONSE INFORMATION SHEET

This part is not required but strongly recommended.

Farm Fire Protection District and Phone Number:	
Address of Facility:	
Size and Type of Operation:	

Describe the procedures to be followed and people/organizations to contact in their order of importance in the case of fire. Include any equipment that would be required and how it is to be used.

Fuel

List the fuels and tank volumes located on the facility:

PROPANE GAS COMPANY

Name: _____

Phone: _____

Size of propane tanks: _____

HAZARDOUS MATERIALS

If hazardous materials are stored on the facility provide the locations and a list of the materials:

POWER OUTAGE INFORMATION SHEET

This part is not required, but strongly recommended.

ELECTRICAL POWER COMPANY

Name: _____

Phone: _____

Size of Electrical Service: _____

GENERATOR

Is there a Standby Generator? Yes No

If so, is there a Double-Throw Disconnect to Isolate the Facility from the Utility During Generator Operation? Yes No

Is there a Disconnect between the Meter Base and Panel? Yes No

ELECTRICIANS WHO PERFORM SERVICE ON THE FACILITY

	NAME	PHONE NUMBER
1		
2		
3		
4		
5		

PERSONNEL INFORMATION

This part is not required but strongly recommended.

The owner or operator should have an up-to-date list of any persons who are employed by the owner or operator. This personnel information document is to be filled out by the owner or operator and should contain any special responsibilities of the employees employed at the facility.

NAME	SPECIAL RESPONSIBILITIES