2010 SARA TITLE III Actual Incident/Exercise Report/Request for LEPC Plan Exercise Credit Form

Name of LEPC: _____ **Submitted by:** _____

Contact Person: _____ **Phone:** _____ **Date:** _____

INFORMATION ABOUT THE EXERCISE (Check Type)

Table Top: _____ **Functional:** _____ **Full Scale:** _____ **Actual Incident:** _____

Date of Exercise: _____ **Time: From** _____ **A.M./P.M. to** _____ **A.M./P.M.**

Geographical Location: _____

City: _____ **County:** _____ **Describe Scenario:** _____-
_____
_____
_____

Chemical Name(s): _____

Fixed Facility Incident: _____ **Transportation Incident:** _____

Is Chemical: EHS? _____ **Y/N** **CERCLA?** _____ **Y/N** ***(See title III list of lists for acceptable chemicals)***

RQ for Chemical: _____ **Amount of Chemical(s) Released:** _____

Key Agencies: A minimum of four (4) of the key response agencies must be <u>ON THE INCIDENT/EXERCISE SCENE and attend the DEBRIEFING.</u>

Key Agencies	On Scene		Debriefing	
Jurisdictional Fire Department	Yes	No	Yes	No
Emergency Medical	Yes	No	Yes	No
Hazmat Team	Yes	No	Yes	No
Emergency Management	Yes	No	Yes	No
Law Enforcement	Yes	No	Yes	No
Other (Write-In)	Yes	No	Yes	No
	Yes	No	Yes	No

Support Agencies: A minimum of four (4) of the support agencies must be <u>ON THE INCIDENT/EXERCISE SCENE and attend the DEBRIEFING.</u>

Support Agencies	On Scene		Debriefing	
Red Cross	Yes	No	Yes	No
Hospitals	Yes	No	Yes	No
Public Works	Yes	No	Yes	No
IDHS	Yes	No	Yes	No
IDEM	Yes	No	Yes	No
OSFM	Yes	No	Yes	No
Board of Health	Yes	No	Yes	No
Indiana State Police	Yes	No	Yes	No
Coroner	Yes	No	Yes	No
Amateur Radio	Yes	No	Yes	No
Military	Yes	No	Yes	No
Other (Write In)	Yes	No	Yes	No
	Yes	No	Yes	No

Name of Person Filing Report (Print): _____ **Title:** _____

Signature of Person Filing Report: _____ **Date:** _____

Instructions for Actual Incident/Exercise Credit Request

1. Print the name of the LEPC submitting the request for exercise credit.

2. Print the name of the individual submitting the request for exercise credit.

3. Check the type of exercise conducted or actual incident.

4. Enter the date and time of the exercise/incident.

5. Enter the geographic location of the exercise/incident.

6. Print the City and County where the exercise/incident occurred.

7. Give a brief scenario of the exercise/incident.

8. Print the chemical(s) involved.
   The chemical(s) MUST be selected from the 360 defined Extremely Hazardous Substances (EHS) or the 700 defined Comprehensive Environmental Response Compensation and Liability Act (CERCLA) Hazardous Substances with a published reportable quantity (RQ). These chemical(s) can be found in the Title III list of lists.

9. Check the type of exercise/incident that was conducted. (It MUST be one or the other).

10. Check (Yes or No) if chemical(s) is EHS or CERCLA. (It MUST be one or the other).

11. Print the Reportable Quantity (RQ) for each chemical involved. (A chemical RQ MUST be met).

12. Print the amount of chemical(s) released during the exercise/incident.

13. Circle (Yes or No) Key Agencies that were on the scene of the exercise.

14. Circle (Yes or No) the Key Agencies that attended the debriefing.

15. Circle (Yes or No) the Support Agencies that were on the scene of the exercise.

16. Circle (Yes or No) the Support Agencies that attended the debriefing.

17. Print the name and title of person filing report.

18. Sign filers name and enter today's date.

19. To submit additional information use a separate sheet.

Make a copy and submit to:
jsteel@dhs.in.gov and iewusi@dhs.in.gov
or
Indiana Emergency Response Commission (IERC)
LEPC Coordinator
302 West Washington Street Room E208
Indianapolis, IN 46204