



ACCIDENTAL SPILL PREVENTION PLAN/SLUG CONTROL PLAN (ASPP/SCP)

GENERAL INFORMATION

Facility Name _____

Facility Address _____

ASPP Plan Contact _____ Title _____

Work Phone _____ After Hours Phone _____

Emergency Response Contact _____ Title _____

Work Phone _____ After Hours Phone _____

Secondary Contact _____ Title _____

Work Phone _____ After Hours Phone _____

Type of Business/Manufacturer _____

Operating Schedule _____

Number Of Employees 1st shift _____ 2nd shift _____ 3rd shift _____

A. Description of discharge practices. (Circle one)

[] Batch discharger [] Continuous flow

Describe discharge practices including any non routine batch discharges your facility may produce.

B. Stored Chemicals. (Production, Cleanup, or Pretreatment)

Chemical Name	Chemical Use	Storage Location
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____
21.	_____	_____	_____
22.	_____	_____	_____
23.	_____	_____	_____
24.	_____	_____	_____
25.	_____	_____	_____

(attach list if more space is required)

MSDS location(s) _____

C. Procedures for immediately notifying the City of any accidental spill or slug discharge.

In the event of an accidental spill or slug load that reaches the sanitary sewer or storm drain system, industries are required to immediately notify City of Salem Public Works 24 hr emergency phone number (503) 588-6333. Messages left on Environmental Services voice mail will not fulfill the notification requirement.

Describe your facilities procedures for immediate notification to the City and five day follow up report in the event of an accidental or slug discharge.

D. Slug load prevention procedures.

Slug discharge: Any pollutant, including BOD, released in a non-routine, episodic, or non-customary batch discharge at a flow rate or concentration which has the potential to cause an adverse impact on the municipal wastewater system or a violation of the specific discharge prohibitions in SRC 74.050 through SRC 74.100.

Describe procedures your facility has in place to prevent accidental and slug discharges by: (Reference any manuals or plans your facility uses to support these procedures.)

1. Employee training:

2: Containment structures:

3. Measures for containing toxic organic pollutants including solvents:

4: Loading and unloading operations:

5: Handling and transferring material:

6: Inspections and maintenance of storage areas:

7. Controlling plant site runoff:

8. Measures and equipment for emergency response:

AUTHORIZED REPRESENTATIVE STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name(s) _____ Title _____

Signature _____ Date _____ Phone _____