

OFF SITE RESPONSE PLAN DATA ENTRY FORM
FOR ANNUAL UPDATE

1. COUNTY: Erie
2. FACILITY: _____
3. FACILITY ADDRESS: _____

4. FACILITY MAILING ADDRESS: _____

5. CONTACT PERSON: _____
24 HR PHONE NUMBER: _____
6. EMAIL ADDRESS: _____

7. FACILITY LATITUDE: _____ LONGITUDE: _____

8. PA DEPT OF LABOR & INDUSTRY ID # (IF KNOWN)

- | | |
|---------------|-----------------|
| 9. EHS: _____ | QUANTITY: _____ |
| EHS: _____ | QUANTITY: _____ |
| EHS: _____ | QUANTITY: _____ |
| EHS: _____ | QUANTITY: _____ |
| EHS: _____ | QUANTITY: _____ |
| EHS: _____ | QUANTITY: _____ |

(Attach additional sheets if necessary)

10. VULNERABILITY RADIUS:

11. POPULATION AT RISK:

12. DATE LEPC APPROVED ANNUAL UPDATE:

PEMA REVIEW-PLAN ADEQUATE: Y / N

TYPE OF PLAN:

A-Annual; R-initial; N-notification of required plan; X-possible planning facility

Complete the items plus any changes to type, size and location of containers. Mail/Fax completed form to:

Erie County Emergency Management Agency
2880 Flower Rd.
Erie, PA 16509
Attn: Tier II Administrator