

# 2011 INDIANA LEPC EXERCISE PROPOSAL NOTIFICATION FORM

Name of LEPC: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

(Notice **MUST** be filed thirty (30) days before exercise to qualify for exercise credit)

### INFORMATION ABOUT THE EXERCISE (Check Type)

Table Top: \_\_\_\_\_ Functional: \_\_\_\_\_ Full Scale: \_\_\_\_\_

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 ON THE EXERCISE SCENE.**

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

**Support Agencies: A minimum of four (4) of the support agencies must be ON THE EXERCISE SCENE.**

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

Name of Person Filing Report (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Person Filing Report: \_\_\_\_\_ Date: \_\_\_\_\_

## Instructions for Exercise Proposal Notification to the IERC

1. Print the name of the LEPC submitting the notice of exercise.
2. Print the name of the individual submitting the notice of exercise.
3. Print the name of the contact person.
4. Enter the telephone number of the contact person.
5. Enter the date the notification was submitted to the IERC.
6. Check the type of exercise to be conducted.
7. Enter the date and time the exercise is to be conducted.
8. Enter the geographical location of the exercise.
9. Print the city and county the exercise is to be conducted in.
10. Give a brief scenario of the exercise.
11. 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.
12. Check whether a fixed facility or transportation incident is being exercised.
13. Check (Yes or No) if chemical(s) is EHS or CERCLA. (It MUST be one or the other).
14. Print the Reportable Quantity (RQ) for each chemical(s) involved. (A chemical RQ MUST be met).
15. Print the amount of chemical(s) released for the exercise.
16. Circle (Yes or No) Key Agencies that will be on the scene of the exercise.
17. Circle (Yes or No) the Support Agencies that will be on the scene of the exercise.
18. Print name and title of person filing the report.
19. Sign filers name and enter today's date.
20. To submit additional information use a separate sheet.

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