APPENDIX J

FACILITY COORDINATION CHECKLIST

J-1. FACILITY

- a. Information posted next to the IOSC's telephone:
 - Name and home telephone number of the Installation On Scene Coordinator.
 (Initials)
 - Location of fire extinguishers, spill control
 material and fire alarm.
 (Initials)
 - Telephone number of the fire department
 (Initials)
- b. Certification of Completion.
 - (1) Name (print):
 - (2) Unit/Activity:
 - (3) Signature and Date:

J-2. POLICE DEPARTMENT

a. Familiarization briefing or memorandum describing the facility, to include:

•	Layout of the facility.	(Initials)					
•	Properties of hazardous materials and wastes handled at the facility and associated hazards (flammable, corrosive, etc.)	(Initials)					
•	Where facility personnel would be working during normally working hours	(Initials)					
•	Entrances to roads inside the facility	(Initials)					
•	Possible evacuation routes	(Initials)					
b. C	Certification of Completion						
	(1) Name (print):						

(2) Unit/Activity:

(3) Signature and Date:

FACILITY COORDINATION CHECKLIST

J-3. FIRE DEPARTMENT

a. Familiarization briefing or memorandum describing the facility, to include:

	•	Layout	t of the facility		(Initials)
(Init	• tials	handle (flamm	ties of hazardous mate d at the facility and as able, corrosive, etc.)			
	•	Where	facility personnel woul	ld normally be working	(Initials)
	Entrances to roads inside the facility				(Initials)
	•	Possib (Initials	le evacuation routes			
b.	Ce	ertification of Completion				
		(1)	Name (print):			
		(2)	Unit/Activity:			
		(3)	Signature and Date:			

J-4. LOCAL HOSPITAL

- a. Familiarization briefing or memorandum describing the facility, to include:
 - Properties of hazardous materials and wastes handled at the facility and associated hazards (flammable, corrosive, etc.) (Initials)
 - Type of injuries or illness that could result from fire, explosion or release at the facility (Initials)
- b. Certification of Completion.
 - (1) Name (print):

(2) Unit/Activity:

(3) Signature and Date: