

Appendix A
Risk Management Plan Form

Risk Management Plan Form

Section 112(r) of the Clean Air Act

Control Number 2050-0144

IMPORTANT: Type or print; read instructions before completing form.

<p>Submission Type:</p> <p>“ First-Time RMP Submission</p> <p>“ Correction to the Current RMP</p> <p>(Submission Type = “C”)</p> <ul style="list-style-type: none">C01 Clerical error correctedC02 Additional information suppliedC03 Minor administrative changeC04 Notification of facility ownership changeC05 New accident history informationC06 Change in emergency contact informationC07 New data element required by EPAC08 Optional data element requested by EPAC09 Removed OCA description from executive summary <p>“ Re-Submission (all 9 sections are updated and certified)</p> <p>(Submission Type = “R”)</p> <ul style="list-style-type: none">R01 Newly regulated substance listed by EPA (40 CFR 68.190(b)(2))R02 Newly regulated substance above TQ in already covered process (40 CFR 68.190(b)(3))R03 Regulated substance present above TQ in new (or previously not covered) process (40 CFR 68.190(b)(4))R04 Revised PHA / Hazard Review due to process change (40 CFR 68.190(b)(5))R05 Revised OCA due to change (40 CFR 68.190(b)(6))R06 Change in program level of covered process (40 CFR 68.190(b)(7))R07 5-year update (40 CFR 68.190(b)(1))R08 Process no longer covered (source has other processes that remain covered) (40 CFR 68.190(b)(7))R09 Voluntary update (not described by any of the above reasons)	<p>Where to Send Completed Forms:</p> <p>Risk Management Plan (RMP) Reporting Center P.O. Box 1515 Lanham-Seabrook, Maryland 20703-1515</p>
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Facility Name: _____



EPA Facility ID# (leave blank for first submission only)



Executive Summary

(attach a separate piece of paper if you need additional space)

A large rectangular area with a black border, containing 15 horizontal lines for writing the executive summary.

Facility Name: _____



EPA Facility ID# (leave blank for first submission only)

1

Section 1. Registration

1.1 Source Identification

1.1.a. Facility Name (maximum 50 characters)
1.1.b. Parent Company #1 Name (maximum 50 characters)
1.1.c. Parent Company #2 Name (maximum 50 characters)

1.2 EPA Facility Identifier (12 characters)



(leave blank for first submission only)

1.3 Other EPA Systems Facility Identifier (15 characters)



1.4 Dun and Broadcast Numbers (DUNS) (9 characters)

1.4.a. Facility DUNS 	1.4.b Parent Company #1 DUNS 	1.4.c. Parent Company #2 DUNS
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1.5 Facility Location

1.5.a. Street - Line 1 (maximum 35 characters)	
1.5.b. Street - Line 2 (maximum 35 characters)	
1.5.c. City (maximum 19 Characters)	1.5.d. State
1.5.e. Zip Code Zip +4 Code 	1.5.f. County (maximum 20 characters)
1.5.g. Facility Latitude (report in decimal degrees) +/- D D D D D D D D D	1.5.h. Facility Longitude (report in decimal degrees) +/- D D D D D D D D D
1.5.i. Method for determining Lat/Long (see User Manual for Codes) 	1.5.j. Description of location identified by Lat/Long (see User Manual for Codes)
1.5.k. Horizontal accuracy measure (meters) 	1.5.l. Horizontal reference datum code
1.5.m. Source Map Scale Number _____	

Facility Name: _____



EPA Facility ID# (leave blank for first submission only)

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Section 1. Registration

1.6 Owner or Operator

1.6.a. Name (maximum 35 characters)	
1.6.b. Phone	(888) 888-8888

Owner or Operator Mailing Address

1.6.c. Street - Line 1 (maximum 35 characters)	
1.6.d. Street - Line 2 (maximum 35 characters)	
1.6.e. City (maximum 19 characters)	1.6.f. State 88
1.6.g. Zip Code 88888	Zip +4 Code 8888

1.7 Name, title, and email address of person or position responsible for RMP (part 68) implementation

1.7.a. Name of person (maximum 35 characters)	1.7.b. Title of person or position (maximum 35 characters)
1.7.c. Email address of person or position (maximum 35 characters)	

1.8.a. Emergency Contact

1.8.a. Name (maximum 35 characters)	1.8.b. Title of person or position (maximum 35 characters)
1.8.c. Phone (888) 888-8888	1.8.d. 24-Hour Phone (888) 888-8888
1.8.e. 24-Hour Phone Extension/PIN # (maximum 10 characters)	
1.8.f. Email address for emergency contact (maximum 100 characters)	<i>Enter N/A if not applicable</i>

Facility Name: _____



EPA Facility ID# (leave blank for first submission only)

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Section 1. Registration

1.9. Other Points of Contact (Optional)

1.9.a. Facility or Parent Company E-mail Address (maximum 100 characters)	1.9.b. Facility Public Contact Phone Number (888) 888-8888
1.9.c. Facility or Parent Company WWW Homepage Address (maximum 100 characters)	

1.10 Local Emergency Planning Committee (LEPC) (optional) (maximum 30 characters)

1.11 Number of full-time equivalent (FTEs) employees on site
8888

1.12. Covered by (select all that apply)

1.12.a. OSHA PSM

1.12.b. EPCRA section 302

1.12.c. CAA Title V Air Operating Permit Program. If covered, specify permit ID# below.
8888888888888888

1.13. OSHA Star or Merit Ranking (optional) YES NO

1.14. Last Safety Inspection (by an External Agency) Date **88-88-8888**
MM DD YYYY

1.15. Last Safety Inspection Performed by an External Agency (select one)

1.15.a. OSHA 1.15.f. Never had one

1.15.b. State occupational safety agency 1.15.g. Other (specify) (maximum 50 characters)

1.15.c. EPA

1.15.d. State Environmental Agency

1.15.e. Fire Department

1.16. Will this RMP involve Predictive Filing? (Optional) YES No

Facility Name: _____



EPA Facility ID# (leave blank for first submission only)

1

Section 1. Registration

1.17 Process Specific Information. For each covered process, fill in this page. If you are reporting more than one process, make a photocopy of this page and report each process on a separate sheet.

Process ID# (optional - for your reference only)			
Process Description (optional - for your reference only)			
1.17.a. Program Level (select one)			
" 1	" 2	" 3	
1.17.b. NAICS Code(s) (five or six digits)			
888888	888888	888888	888888

1.17.c. Chemical(s) (regulated substance(s))		
1.17.c.1. Name (maximum 100 characters)	1.17.c.2. CAS Number (10 characters)	1.17.c.3. Quantity (lbs) (max. 12 chars.)
	8888888888	
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	8888888888	
	8888888888	
	8888888888	
	8888888888	

If you need more space to list NAICS codes or chemicals, please make a photocopy of this sheet.

Facility Name: _____



EPA Facility ID# (leave blank for first submission only)

1

Section 1. Registration

If an outside contractor prepared this risk management plan, please enter information concerning this contractor in the fields below.

1.18 RMP Preparer Information

1.18.a. Name (maximum 70 characters)		
1.18.b. Phone (888 888 8888)		
1.18.c. Street - Line 1 (maximum 35 characters)		
1.18.d. Street - Line 2 (maximum 35 characters)		
1.18.e. City (Maximum 30 characters)		
1.18.f. State 88 or Foreign State or Province (Maximum 35 characters)	1.18.g. Zip Code 88888 Zip+ 4 Code 8888	or Foreign Country (Max 2 characters)
1.18.h. RMP Preparer Foreign Zip Code		

Facility Name: _____



EPA Facility ID# (leave blank for first submission only)

2

Section 2. Toxics: Worst Case

2.12. Estimated residential population within distance to endpoint (numeric)

88, 888, 888

2.13. Public receptors within distance to endpoint (select all that apply)

" 2.13.a. Schools	" 2.13.g. Other (specify) (maximum 200 characters)
" 2.13.b. Residences	_____
" 2.13.c. Hospitals	_____
" 2.13.d. Prison/Correctional Facilities	_____
" 2.13.e. Recreation Areas	_____
" 2.13.f. Major commercial, office, or industrial areas	_____

2.14. Environmental receptors within distance to endpoint (select all that apply)

" 2.14.a. National or State Parks, Forests, or Monuments	" 2.14.d. Other (specify) (maximum 200 characters)
" 2.14.b. Officially Designated Wildlife Sanctuaries, Preserves, or Refuges	_____
" 2.14.c. Federal Wilderness Area	_____

2.15. Passive mitigation considered (select all that apply)

" 2.15.a. Dikes	" 2.15.f. Other (specify) (maximum 200 characters)
" 2.15.b. Enclosures	_____
" 2.15.c. Berms	_____
" 2.15.d. Drains	_____
" 2.15.e. Sumps	_____

2.16. Graphics file name (optional) (maximum 12 characters)

Facility Name: _____



EPA Facility ID# (leave blank for first submission only)

3

Section 3. Toxics: Alternative Release

(If you need to report more than one alternative release scenario, make a copy of pages in this section and report each scenario separately)

3.10. Topology (select one)

“ 3.10.a. Urban “ 3.10.b. Rural

3.11. Distance to endpoint (miles) **888 88**

3.12. Estimated residential population within distance to endpoint **88, 888, 888**

3.13. Public receptors within distance to endpoint (select all that apply)

“ 3.13.a. Schools	“ 3.13.e. Recreation Areas
“ 3.13.b. Residences	“ 3.13.f. Major commercial, office, or industrial areas
“ 3.13.c. Hospitals	“ 3.13.g. Other (specify) (maximum 200 characters)
“ 3.13.d. Prisons/Correctional facilities	_____

3.14. Environmental receptors within distance to endpoint (select all that apply)

“ 3.14.a. National or State Parks, Forests, or Monuments	“ 3.14.d. Other (specify) (maximum 200 characters)
“ 3.14.b. Officially Designated Wildlife Sanctuaries, Preserves, or Refuges	_____
“ 3.14.c. Federal Wilderness Area	_____

3.15. Passive mitigation considered (select all that apply)

“ 3.15.a. Dikes	“ 3.15.e. Sumps
“ 3.15.b. Enclosures	“ 3.15.f. Other (specify) (maximum 200 characters)
“ 3.15.c. Berms	_____
“ 3.15.d. Drains	_____

3.16. Active mitigation considered (select all that apply)

“ 3.16.a. Sprinkler systems	“ 3.16.g. Scrubbers
“ 3.16.b. Deluge systems	“ 3.16.h. Emergency shutdown systems
“ 3.16.c. Water curtain	“ 3.16.i. Other (specify) (maximum 200 characters)
“ 3.16.d. Neutralization	_____
“ 3.16.e. Excess flow valve	_____
“ 3.16.f. Flares	_____

3.17. Graphics file name (optional) (maximum 12 characters)

Facility Name: _____



EPA Facility ID# (leave blank for first submission only)

4

Section 4. Flammables: Worst Case

4.10. Passive mitigation considered (select all that were considered in defining the release quantity or rate for the worst-case scenario)

“ 4.10.a. Blast walls

“ 4.10.b. Other (specify) (maximum 200 characters)

4.11. Graphics file name (optional) (maximum 12 characters)

Facility Name: _____



EPA Facility ID# (leave blank for first submission only)

5

Section 5. Flammables: Alternative Release

(If you need to report more than one alternative release scenario, make a photocopy of pages in this section and report each scenario separately)

5.1. Chemical Name (maximum 100 characters)

5.2. Model Used (select one or enter another model name in Other below)

- " 5.2.a. EPA's OCA Guidance Reference Tables or Equations
- " 5.2.c. EPA's RMP Guidance for Propane Storage Reference Tables or Equations
- " 5.2.d. EPA's RMP Guidance for Waste Water Treatment Plants Reference Tables or Equations
- " 5.2.e. EPA's RMP Guidance for Warehouse Reference Tables or Equations
- " 5.2.f. EPA's RMP Guidance for Chemical Distributors Reference Tables or Equations
- " 5.2.g. EPA's RMP*Comp™
- " 5.2.z. Other model (specify) (maximum 235 characters)

5.3. Scenario (select one)

- " 5.3.a. Vapor cloud explosion
- " 5.3.b. Fireball
- " 5.3.c. BLEVE
- " 5.3.d. Pool fire
- " 5.3.e. Jet fire
- " 5.3.f. Vapor cloud fire
- " 3.4.g. Other (specify) (maximum 30 characters)

5.4. Quantity released (lbs)

888888888888

5.5 Endpoint used (select one)

- " 5.5.a. 1 PSI
- " 5.5.b. 5 kw/m² for 40 seconds
- " 5.5.c. Lower flammability limit (specify percent volume)

88 8

5.6. Distance to endpoint (miles)	5.7. Estimated residential population within distance to endpoint
888 88	88, 888, 888

Facility Name: _____



EPA Facility ID# (leave blank for first submission only)

5

Section 5. Flammables: Alternative Release

5.8. Public Receptors within distance to endpoint (select all that apply)

<p>" 5.8.a. Schools</p> <p>" 5.8.b. Residences</p> <p>" 5.8.c. Hospitals</p> <p>" 5.8.d. Prisons/Correctional facilities</p> <p>" 5.8.e. Recreation Areas</p>	<p>" 5.8.f. Major commercial, office, or industrial areas</p> <p>" 5.8.g. Other (specify) (maximum 200 characters)</p> <p>_____</p> <p>_____</p>
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5.9. Environmental receptors within distance to endpoint (select all that apply)

<p>" 5.9.a. National or State Parks, Forests, or Monuments</p> <p>" 5.9.b. Officially Designated Wildlife Sanctuaries, Preserves, or Refuges</p> <p>" 5.9.c. Federal Wilderness Area</p>	<p>" 5.9.d. Other (specify) (maximum 200 characters)</p> <p>_____</p> <p>_____</p>
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5.10. Passive mitigation considered (select all that apply)

<p>" 5.10.a. Dikes</p> <p>" 5.10.b. Fire walls</p> <p>" 5.10.c. Blast walls</p> <p>" 5.10.d. Enclosures</p>	<p>" 5.10.e. Other (specify) (maximum 200 characters)</p> <p>_____</p> <p>_____</p>
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<p>5.11. Active mitigation considered (select all that apply)</p> <p>" 5.11.a. Sprinkler systems</p> <p>" 5.11.b. Deluge systems</p> <p>" 5.11.c. Water curtain</p> <p>" 5.11.d. Excess flow valve</p>	<p>" 5.11.e. Other (specify) (maximum 200 characters)</p> <p>_____</p> <p>_____</p>
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5.12. Graphics file name (optional) (maximum 12 characters)

Facility Name: _____



EPA Facility ID# (leave blank for first submission only)

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Section 6. Five-Year Accident History

6.8. Weather conditions at time of event

a.i. Wind speed (numerical) 888 8		Wind speed unit " miles/hr. " knots " meters/sec.	a.ii. Wind direction 888
b. Temperature (°F) 888	c. Atmospheric stability class (A-F)		" d. Precipitation present
" e. Unknown weather conditions (check if a-d are all unknown)			

6.9 On-site Impacts

a. Deaths (enter numbers)		b. Injuries (enter numbers)	
a.i. Employees or contractors	88888	b.i. Employees or contractors	88888
a.ii. Public responders	888	b.ii. Public responders	888
a.iii. Public	88888	b.iii. Public	88888
c. Property damage \$ 888, 888, 888			

6.10. Known off-site impacts (enter numbers)

a. Deaths	88888888	d. Evacuated	88888888
b. Hospitalizations	88888888	e. Sheltered-in-place	88888888
c. Other medical treatments	88888888	f. Property damage (\$)	8888888888

6.10.g. Environmental damage (select all that apply)

- " g.1. Fish or animal kills
- " g.2. Tree, lawn, shrub, or crop damage
- " g.3. Water contamination
- " g.4. Soil contamination
- " g.5. Other (specify) (maximum 200 characters)

Facility Name: _____



EPA Facility ID# (leave blank for first submission only)

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Section 6. Five-Year Accident History

6.11. Initiating event (select one)

<input type="checkbox"/> a. Equipment failure	<input type="checkbox"/> c. Natural (weather conditions, earthquake)
<input type="checkbox"/> b. Human error	<input type="checkbox"/> d. Unknown

6.12. Contributing factors (select all that apply)

<input type="checkbox"/> a. Equipment failure	<input type="checkbox"/> i. Unsuitable equipment
<input type="checkbox"/> b. Human error	<input type="checkbox"/> j. Unusual weather conditions
<input type="checkbox"/> c. Improper procedure	<input type="checkbox"/> k. Management error
<input type="checkbox"/> d. Over pressurization	<input type="checkbox"/> l. uncontrolled/runaway reaction
<input type="checkbox"/> e. Upset condition	<input type="checkbox"/> m. Other (specify) (maximum 200 characters)
<input type="checkbox"/> f. By-pass condition	_____
<input type="checkbox"/> g. Maintenance activity/inactivity	_____
<input type="checkbox"/> h. Process design failure	

6.13. Off-site responders notified (select one)

<input type="checkbox"/> a. Notified only	<input type="checkbox"/> c. No, not notified
<input type="checkbox"/> b. Notified and responded	<input type="checkbox"/> d. Unknown

6.14. Changes introduced as a result of the accident (select at least one)

<input type="checkbox"/> a. Improved/upgraded equipment	<input type="checkbox"/> j. None
<input type="checkbox"/> b. Revised maintenance	<input type="checkbox"/> k. Other (specify) (maximum 200 characters)
<input type="checkbox"/> c. Revised training	_____
<input type="checkbox"/> d. Revised operating procedures	_____
<input type="checkbox"/> e. New process controls	
<input type="checkbox"/> f. New mitigation systems	
<input type="checkbox"/> g. Revised emergency response plan	
<input type="checkbox"/> h. Changed process	
<input type="checkbox"/> i. Reduced inventory	

Facility Name: _____



7

Section 7. Prevention Program: Program 3

EPA Facility ID# (leave blank for first submission only)

(If you need to report more than one prevention program, make a photocopy of pages in this section and report each scenario separately)

Prevention Program description:

7.1. NAICS code for process **888888**

7.2. Chemical name(s)
(maximum 100 characters)

If you need more space to list chemicals, please make a photo copy of this sheet.

7.3. Date on which the safety information was last reviewed or revised

88 88 8888
M M D D Y Y Y Y

7.4. Process Hazards Analysis (PHA)

7.4.a. Date of last PHA or PHA update

88 88 8888
M M D D Y Y Y Y

7.4.b. Technique used (select at least one)

“ 7.4.b.1. What if

“ 7.4.b.2. Checklist

“ 7.4.b.3. What if/Checklist combined

“ 7.4.b.4. HAZOP

“ 7.4.b.5. Failure Mode & Effects Analysis

“ 7.4.b.6. Fault Tree Analysis

“ 7.4.b.7. Other (specify) (maximum 200 characters)

Facility Name: _____



EPA Facility ID# (leave blank for first submission only)

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Section 7. Prevention Program: Program 3

7.4.c. Expected or actual date of completion of all changes resulting from last PHA or PHA update

8 8 8 8
M M D D Y Y Y Y

7.4.d. Major hazards identified (select at least one)

<ul style="list-style-type: none"> " 7.4.d.1. Toxic release " 7.4.d.2. Fire " 7.4.d.3. Explosion " 7.4.d.4. Runaway reaction " 7.4.d.5. Polymerization " 7.4.d.6. Over pressurization " 7.4.d.7. Corrosion " 7.4.d.8. Overfilling " 7.4.d.9. Contamination 	<ul style="list-style-type: none"> " 7.4.d.10. Equipment failure " 7.4.d.11. Loss of cooling, heating, electricity, Instrument air " 7.4.d.12. Earthquake " 7.4.d.13. Floods (flood pain) " 7.4.d.14. Tornado " 7.4.d.15. Hurricanes " 7.4.d.16. Other (specify) (maximum 200 characters) <hr/> <hr/>
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7.4.e. Process controls in use (select at least one)

<ul style="list-style-type: none"> " 7.4.e.1. Vents " 7.4.e.2. Relief valves " 7.4.e.3. Check valves " 7.4.e.4. Scrubbers " 7.4.e.5. Flares " 7.4.e.6. Manual shutoffs " 7.4.e.7. Automatic shutoffs " 7.4.e.8. Interlocks " 7.4.e.9. Alarms and procedures " 7.4.e.10. Keyed bypass " 7.4.e.11. Emergency air supply 	<ul style="list-style-type: none"> " 7.4.e.12. Emergency power " 7.4.e.13. Backup pump " 7.4.e.14. Grounding equipment " 7.4.e.15. Inhibitor addition " 7.4.e.16. Rupture disks " 7.4.e.17. Excess flow device " 7.4.e.18. Quench system " 7.4.e.19. Purge system " 7.4.e.20. None " 7.4.e.21. Other (specify) (maximum 200 characters) <hr/> <hr/>
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7.4.f. Mitigation systems in use (select at least one)

<ul style="list-style-type: none"> " 7.4.f.1. Sprinkler system " 7.4.f.2. Dikes " 7.4.f.3. Fire walls " 7.4.f.4. Blast walls " 7.4.f.5. Deluge system " 7.4.f.6. Water curtain 	<ul style="list-style-type: none"> " 7.4.f.7. Enclosure " 7.4.f.8. Neutralization " 7.4.f.9. None " 7.4.f.10. Other (specify)(maximum 200 characters) <hr/> <hr/>
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7.4.g. Monitoring/detection systems in use (select at least one)

<ul style="list-style-type: none"> " 7.4.g.1. Process area detectors " 7.4.g.2. Perimeter monitors " 7.4.g.3. None 	<ul style="list-style-type: none"> " 7.4.g.4. Other (specify)(maximum 200 characters) <hr/> <hr/>
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Facility Name: _____



EPA Facility ID# (leave blank for first submission only)

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Section 7. Prevention Program: Program 3

7.4.h. Changes since last PHA update (select at least one)

7.4.h.1. Reduction in chemical inventory
 7.4.h.2. Increase in chemical inventory
 7.4.h.3. Change in process parameters
 7.4.h.4. Installation of process controls
 7.4.h.5. Installation of process detection systems
 7.4.h.6. Installation of perimeter monitoring systems
 7.4.h.7. Installation of mitigation systems

7.4.h.8. None recommended
 7.4.h.9. None
 7.4.h.10. Other (specify) (maximum 200 characters) _____




7.5. Date of most recent review or revision of operating procedures

 M M D D Y Y Y Y

7.6. Training

7.6.a. Date of most recent review or review of operating procedures




 M M D D Y Y Y Y

7.6.b. Type of training provided (select at one)

7.6.b.1. Classroom
 7.6.b.2. On the job
 7.6.b.3. Other (specify) (maximum 200 characters) _____




7.6.c. Type of competency testing used (select at least one)

7.6.c.1. Written test
 7.6.c.2. Oral Test
 7.6.c.3. Demonstration




7.6.c.4. Observation
 7.6.c.5. Other (specify)(maximum 200 characters) _____

7.7. Maintenance

7.7.a. Date of most recent review or revision of maintenance procedures




 M M D D Y Y Y Y

7.7.b. Date of most recent equipment inspection or test




 M M D D Y Y Y Y

7.7.c. Equipment most recently inspected or tested (list equipment) (maximum 200 characters)

Facility Name: _____



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Section 7. Prevention Program: Program 3

EPA Facility ID# (leave blank for first submission only)

7.8 Management of Change

7.8.a. Date of most recent changes that triggered management of change procedures.	
7.8.b. Date of most recent changes that triggered management of change procedures.	
7.9. Date of most recent pre-startup review	

7.10. Compliance audits

7.10.a. Date of most recent compliant audit	
7.10.b. Expected or actual date of completion of all changes resulting from the compliance audit	

7.11. Incident investigation

7.11.a. Date of most recent incident investigation (if any)	
7.11.b. Expected or actual date of completion of all changes resulting from the incident investigation	

7.12. Date of most recent review or revision of employee participation plans	
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7.13. Date of most recent review or revision of hot work permit procedures	
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7.14. Date of most recent review or revision of contractor safety procedures	
------------------------------------------------------------------------------	--

7.15. Date of most recent review or revision of contractor safety performance	
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Facility Name: _____





8

Section 8. Prevention Program: Program 2

EPA Facility ID# (leave blank for first submission only)

8.4. Hazard review

8.4.a. Date of completion of most recent hazard review or update	 M M D D Y Y Y Y
8.4.b. Expected or actual date of completion of all changes resulting from the hazard review	 M M D D Y Y Y Y

8.4.c. Major hazards identified (select at least one)

<ul style="list-style-type: none"> “ 8.4.c.1. Toxic release “ 8.4.c.2. Fire “ 8.4.c.3. Explosion “ 8.4.c.4. Runaway reaction “ 8.4.c.5. Polymerization “ 8.4.c.6. Over pressurization “ 8.4.c.7. Corrosion “ 8.4.c.8. Overfilling “ 8.4.c.9. Contamination “ 8.4.c.10. Equipment failure 	<ul style="list-style-type: none"> “ 8.4.c.11. Loss of cooling, heating, electricity, instrument air “ 8.4.c.12. Earthquake “ 8.4.c.13. Floods (flood pain) “ 8.4.c.14. Tornado “ 8.4.c.15. Hurricanes “ 8.4.c.16. Other (specify) (maximum 200 characters) <hr/> <hr/>
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8.4.d. Process controls in use (select at least one)

<ul style="list-style-type: none"> “ 8.4.d.1. Vents “ 8.4.d.2. Relief valves “ 8.4.d.3. Check valves “ 8.4.d.4. Scrubbers “ 8.4.d.5. Flares “ 8.4.d.6. Manual shutoffs “ 8.4.d.7. Automatic shutoffs “ 8.4.d.8. Interlocks “ 8.4.d.9. Alarms and procedures “ 8.4.d.10. Keyed bypass “ 8.4.d.11. Emergency air supply “ 8.4.d.12. Emergency power 	<ul style="list-style-type: none"> “ 8.4.d.13. Backup pump “ 8.4.d.14. Grounding equipment “ 8.4.d.15. Inhibitor addition “ 8.4.d.16. Rupture disks “ 8.4.d.17. Excess flow device “ 8.4.d.18. Quench system “ 8.4.d.19. Purge system “ 8.4.d.20. None “ 8.4.d.21. Other (specify) (maximum 200 characters) <hr/> <hr/>
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Facility Name: _____



EPA Facility ID# (leave blank for first submission only)

8

Section 8. Prevention Program: Program 2

8.4.e. Mitigation systems in use (select at least one)

<input type="checkbox"/> 8.4.e.1. Sprinkler system	<input type="checkbox"/> 8.4.e.8. Neutralization
<input type="checkbox"/> 8.4.e.2. Dikes	<input type="checkbox"/> 8.4.e.9. None
<input type="checkbox"/> 8.4.e.3. Fire walls	<input type="checkbox"/> 8.4.e.10. Other (specify)(maximum 200 characters)
<input type="checkbox"/> 8.4.e.4. Blast walls	_____
<input type="checkbox"/> 8.4.e.5. Deluge system	_____
<input type="checkbox"/> 8.4.e.6. Water curtain	
<input type="checkbox"/> 8.4.e.7. Enclosure	




8.4.f. Monitoring/detection systems in use (select at least one)

<input type="checkbox"/> 8.4.f.1. Process area detectors	<input type="checkbox"/> 8.4.f.4 . Other (specify)(maximum 200 characters)
<input type="checkbox"/> 8.4.f.2. Perimeter monitors	_____
<input type="checkbox"/> 8.4.f.3. None	_____

8.4.g. Changes since last hazard review or hazard review update (select at least one)




<input type="checkbox"/> 8.4.g.1. Reduction in chemical inventory	<input type="checkbox"/> 8.4.g.8. None recommended
<input type="checkbox"/> 8.4.g.2. Increase in chemical inventory	<input type="checkbox"/> 8.4.g.9. None
<input type="checkbox"/> 8.4.g.3. Change in process parameters	<input type="checkbox"/> 8.4.g.10. Other (specify) (maximum 200 characters)
<input type="checkbox"/> 8.4.g.4. Installation of process controls	_____
<input type="checkbox"/> 8.4.g.5. Installation of process detection systems	_____
<input type="checkbox"/> 8.4.g.6. Installation of perimeter monitoring systems	
<input type="checkbox"/> 8.4.g.7. Installation of mitigation systems	

8.5. Date of most recent review or revision of safety information




 M M D D Y Y Y Y

8.6. Training

8.6.a. Date of most recent review or revision of training programs




 M M D D Y Y Y Y

8.6.b. Type of training provided (select at one)

<input type="checkbox"/> 8.6.b.1. Classroom
<input type="checkbox"/> 8.6.b.2. On the job
<input type="checkbox"/> 8.6.b.3. Other (specify) (maximum 200 characters) _____

Facility Name: _____



EPA Facility ID# (leave blank for first submission only)

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Section 8. Prevention Program: Program 2

8.6.c. Type of competency testing used (select at least one)	“ 8.6.c.5. Other (specify)(maximum 200 characters)
“ 8.6.c.1. Written test	_____
“ 8.6.c.2. Oral Test	_____
“ 8.6.c.3. Demonstration	_____
“ 8.6.c.4. Observation	_____

8.7. Maintenance

8.7.a. Date of most recent review or revision of maintenance procedures	88 88 8888 M M D D Y Y Y Y
8.7.b. Date of most recent equipment inspection or test	88 88 8888 M M D D Y Y Y Y
8.7.c. Equipment most recently inspected or tested (list equipment) (maximum 200 characters)	

8.8. Compliance audits

8.8.a. Date of most recent compliant audit	88 88 8888 M M D D Y Y Y Y
8.8.b. Expected or actual date of completion of all changes resulting from the compliance audit	88 88 8888 M M D D Y Y Y Y

8.9. Incident investigation

8.9.a. Date of most recent incident investigation (if any)	88 88 8888 M M D D Y Y Y Y
8.9.b. Expected or actual date of completion of all changes resulting from the incident investigation	88 88 8888 M M D D Y Y Y Y

8.10. Date of most recent change that triggered a review or a revision of safety information, the hazard review, operating or maintenance procedures, or training	88 88 8888 M M D D Y Y Y Y
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Facility Name: _____



EPA Facility ID# (leave blank for first submission only)



Section 9. Emergency Response

9.1 Written emergency response (ER) plan

9.1.a. " Is your facility included in the written community emergency response plan?

9.1.b. " Does your facility have its own written emergency response plan?

9.2. " Does your facility's ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?

9.3. " Does your facility's ER plan include procedures for informing the public and local agencies responding to accidental releases?

9.4. " Does your facility's ER plan include information on emergency health care?

9.5. Date of most recent review or update of your facility's ER plan

MM DD YYYY

9.6. Date of most recent ER training for your facility's employees

MM DD YYYY

9.7. Local agency with which your facility's ER plan or response activities are coordinated

9.7.a. Name of agency (maximum 35 characters)

9.7.b. Phone number ()

XXXXXXXXXX

9.8. Subject to (select all that apply)
" 9.8.a. OSHA Regulations at 29 CFR 1910.38
" 9.8.b. OSHA Regulations at 29 CFR 1910.120
" 9.8.c. Clean Water Act Regulations at 40 CFR 112
" 9.8.d. RCRA Regulations at 40 CFR 264, 265, 279.52
" 9.8.e. OPA-90 Regulations at 40 CFR 112, 33 CFR 154, 49 CFR 194, 30 CFR 254
" 9.8.f. State EPCRA Rules or Laws
" 9.8.g. Other (specify)(maximum 200 characters)

PAPER SUBMISSION COVER FORM

Facility Name: _____

EPA Facility ID#: - -

(Leave blank for first submission only)

Risk Management Plan Paper Submission Form

Note: check all that apply.

(1) **The reason(s) I am not submitting in electronic format is:**

- I have no computers on site**
- The software is incompatible (Ex: I only have access to a Macintosh computer)**
- Other (specify) _____**

(2) **I considered alternative means to file electronically (visiting a local copy store which rents computers, going to my State or local government office to use their computer, etc.), but for the following reason I am not submitting in electronic format:**

- No commercial or public computer access available within 5 miles**
- Contractor costs too great**
- Computer use rental/lease costs too great**
- No trained personnel**
- Other (specify) _____**

Signature	Print Name
Title	Date

SAMPLE CERTIFICATION LETTERS

Certification Statement for Program 1 Process(es):

Based on the criteria in 40 CFR 68.10, the distance to the specified endpoint for the worst-case accidental release scenario for the following process(es) is less than the distance to the nearest public receptor:

- [insert description for first program 1 process from executive summary]
- [insert description for second program 1 process from executive summary]]
- etc.

Within the past five years, the process(es) has (have) had no accidental release that caused offsite impacts provided in the risk management program rule (40 CFR 68.10(b)(1)). No additional measures are necessary to prevent offsite impacts from accidental releases. In the event of fire, explosion, or a release of a regulated substance from the process(es), entry within the distance to the specified endpoints may pose a danger to public emergency responders. Therefore, public emergency responders should not enter this area except as arranged with the emergency contact indicated in the RMP. The undersigned certifies that, to the best of my knowledge, information, and belief, formed after reasonable inquiry, the information submitted is true, accurate, and complete.

Signature

Print Name

Title

Date

Certification Statement for Program Level 2 & 3 Processes:

To the best of the undersigned's knowledge, information, and belief formed after reasonable inquiry, the information submitted is true, accurate, and complete.

Signature

Print Name

Title

Date

Certification Statement for a Correction:

To the best of the undersigned's knowledge, information, and belief formed after reasonable inquiry, these corrections and/or administrative changes are true, accurate, and complete.

Signature

Print Name

Title

Date

EPA Facility ID # - -

CBI SUBSTANTIATION FORM

If you are claiming Confidential Business Information (CBI) in your Risk Management plan (RMP), you must substantiate your claim at the same time that you submit your RMP. To qualify for CBI protection, the substantive criteria in 40 CFR 2.301 must be met. Certain RMP data elements cannot be claimed CBI, as stated in 40 C FR 68.151.

Fill out this form for each data element or set of data elements that have a discrete substantiation. You may use one CBI Substantiation Form to report multiple data elements as CBI if the basis for substantiation is the same. That means the answers to the questions in Part IV must be the same for all the data elements. If you need more space in Part III, please attach a separate piece of paper.

Burden Statement

The public reporting and recordkeeping burden for this collection of information is estimated to average 8.5 hours per claim. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, OPPE Regulatory Information Division, U.S. Environmental Protection Agency (2137), 401 M St., S.W., Washington D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed CBI substantiation to this address.

Part I -- Facility Identification Information

The information given here must correspond to the information that you provided in the registration section of your RMP. If you have an EPA Facility ID #, please include this information. If you are resubmitting, updating or correcting your RMP, you should already have received an EPA Facility ID#.

a. Facility Name:
b. EPA Facility ID # (if assigned): <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
c. Facility Location Address:
d. City, State and Zip Code:

e. Dun and Bradstreet Number:

Part II – Is this substantiation a sanitized or an unsanitized version?

If this substantiation contains any CBI, you must also submit a sanitized substantiation (without CBI data) as stated in 40 CFR 68.152. In this case, submit 2 copies of this form, one sanitized and one unsanitized. Please indicate here whether this form is sanitized or unsanitized.

Sanitized

Unsanitized

Part III – List the RMP Data Elements which you are claiming CBI that are covered in this substantiation form. List the data element number and its descriptive name, but NOT the actual CBI data. Please note that you may use one substantiation form for more than one data element only if the answers to all of the questions in Part IV are the same for those data elements.

Data Element #	Data Element Name

Part IV – The following are criteria set forth in 40 CFR §§ 2.204, 2.208 and 2.301 for substantiating CBI claims. Provide answers to each of the following questions to substantiate your claim. If you need additional space, use separate sheets of paper.

(a) For any data elements that you wish to claim CBI that are listed in Part III, please indicate whether your business has previously submitted a CBI claim for this data element to EPA and whether that claim has expired, been waived, or been withdrawn.

(b) What reasonable measures have you taken to protect the confidentiality of the information and do you intend to continue to take these measures?

(c) Have you disclosed the information to anyone other than a governmental body? If so, why should the information still be considered confidential? If not, is the information reasonably obtainable without your consent? Has EPA or another Federal agency made a determination as to the confidentiality of the information? If so, please attach a copy of the determination.

(d) Does any statute require public disclosure of the information for which you are claiming CBI? If so, identify the law.

(e) (1) For each data element claimed as CBI in Part III, discuss with specificity why release of the information is likely to cause substantial harm to your competitive position. Explain the nature of those harmful effects, why they should be viewed as substantial, and the causal relationship between disclosure and such harmful effects. For example, how could your competitors make use of this information to your detriment?

(2) Do you assert that the information is “voluntarily submitted” as defined at 40 CFR 2.201(i)? If so, explain why, and how disclosure would tend to lessen the Government’s ability to obtain necessary information in the future.

Part V - Certification (Read and sign after completing all sections)

To the best of the undersigned's knowledge, information, and belief formed after reasonable inquiry, the information submitted is true, accurate, and complete.

Name and official title of owner or operator or senior management official

Signature (All signatures must be original)

Print Name

Official Title

Date Signed

CBI UNSANITIZED DATA ELEMENT FORM

If you are claiming Confidential Business Information (CBI) in your RMP, you must submit in paper form both the information being claimed CBI and a substantiation for your claim at the time you submit your redacted or "sanitized" RMP. This form should be used to submit the confidential information. The redacted RMP will be made available to the public in RMP*Info.

If you need additional space, make a copy of page 2 of this form.

Part I. Facility Identification Information

The information given here should correspond to the information that you filled out in the registration section of your RMP. If you have an EPA Facility ID#, please include this information. You will have received the number after your first submission.

a. Facility Name:		
b. EPA Facility ID # (if assigned): <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>		
c. Facility Location Address:		
d. City, State and Zip Code:		
e. Dun and Bradstreet Number:		
<p>Part II - Information claimed as CBI Please list the data element number(s) from the RMP form (paper form or electronic form), the name(s) of the element(s) you are claiming CBI, and the actual CBI data.</p>		
Data Element Number	Name of Data Element	RMP Data Claimed as CBI

Data Element Number	Name of Data Element	RMP Data Claimed as CBI

HOW TO REPORT YOUR FACILITY LATITUDE AND LONGITUDE

There are seven data elements to report for latitude and longitude:

- 1.5.g. Latitude
- 1.5.h. Longitude
- 1.5.i. Lat/Long Method
- 1.5.j. Lat/long Description
- 1.5.k. Horizontal accuracy measure
- 1.5.l. Horizontal reference datum code
- 1.5.m Facility Source Map Scale number (if the method you used to determine latitude /longitude is interpolation-map or interpolation-photo)

Choosing your Description

You will first need to choose your Lat/Long "Description" which represents the exact location of your latitude and longitude values. The most common Lat/Long "Descriptions" are "PG" for Plant Gate or entrance and "CE" indicates the Center of your facility. RMP*Submit contains a list of codes to be used for this element. The table below also lists all of the codes.

Latitude and Longitude Description of Reference Point Codes

Code	Description
AB	Administrative Building: a building, structure, or portion thereof that houses the administrative functions of a facility as opposed to production or manufacturing activities.
AE	Atmospheric Emissions Treatment Unit: equipment installed for the express purpose of treating chemical emissions prior to their release into the atmosphere.
AM	Air Monitoring Station: equipment installed at a predetermined location for the automatic, manual, or periodic collection of environmental air samples.
AS	Air Release Stack: a free-standing vertical structure constructed for the conveyance and release of chemical emissions into the air.
AV	Air Release Vent: a horizontal structure constructed for the release of chemical emissions into the air, typically from the side or roof of a building.
CE	Center of Facility: a representative center point within the boundary of a facility.
FC	Facility Centroid: the calculated center of a contiguous facility.
IP	Intake Pipe: a pipe or intake opening constructed for the collection and conveyance of water.
LC	Loading Area Centroid: the calculated center of a portion of a facility associated with loading activities.
LF	Loading Facility: the portion of a facility associated with loading and/or transshipment activities.
LW	Liquid Waste Treatment Unit: Equipment installed for the express purpose of treating chemical emissions prior to their release to water, publicly owned treatment works (POTW) or off-site transfer.
NE	NE Corner of Land Parcel: the northeast most corner or boundary of a land parcel.
NW	NW Corner of Land Parcel: the northwest most corner or boundary of a land parcel.

OT	Other: see descriptive comment field.
PC	Process Unit Area Centroid: the calculated center of a portion of a facility associated with processing and/or manufacturing activities.
PF	Plant Entrance (Freight): the entrance to a facility associated with transshipment activities.
PG	Plant Entrance (General): the front gate or general entrance of a facility.
PP	Plant Entrance (Personnel): the entrance to a facility associated with employees.
PU	Process Unit: the portion of a facility associated with processing and/or manufacturing activities.
SD	Solid Waste Treatment/Disposal Unit: the portion of a facility associated with the treatment and/or disposal of solid waste.
SE	SE Corner of Land Parcel: the southeast most corner or boundary of a land parcel.
SP	Lagoon or Settling Pond: the portion of a facility designed to accommodate sedimentation or settling of chemical by-products necessitated by the manufacture, production, or use of chemicals.
SS	Solid Waste Storage Area: the portion of a facility associated with the storage of solid waste.
ST	Storage Tank: a receptacle or chamber used for storing bulk fuels or chemicals.
SW	SW Corner of Land Parcel: the southwest most corner or boundary of a land parcel.
UN	Unknown
WA	Wellhead Protection Area: an area at the earth's surface buffering a wellhead.
WL	Well: a shaft drilled in the earth for purposes such as obtaining subsurface drinking water, or collecting groundwater monitoring samples.
WM	Water Monitoring Station: a location or study area for the automatic, manual, or periodic collection of water samples.
WR	Pipe Release to Water: the point at which a pipe constructed for the conveyance and release of water-borne chemical emissions reaches a water body.

Choosing your Method

Next, you need to choose a "Method" for determining your Lat/Long. RMP*Submit and the User Manual contain a list of codes to be used for this element. There are four general methods to determine your site latitude and longitude: Global Positioning Systems (GPS); Geographic Information Systems (GIS); Internet-based address finders; and paper maps. These methods are described below in order of accuracy (GPS is the most accurate way to determine a lat/long, paper maps is the least accurate method). Although it is preferable that you use the most accurate method available to you, all four methods are acceptable. You must enter your latitudinal and longitudinal coordinates in decimal degrees.

- (a) Global Positioning Systems (GPS). If you have access to a GPS unit, take the reading at the place specified by the Lat/Long "Description" that you choose. Most GPS units allow you to choose between display in decimal degrees and degrees/minutes/seconds. You should choose decimal degrees.

To answer 1.5.i. "Method" for determining Lat/Long , enter one of the values "G1" through "G7" from the list which represent specific types of GPS unit, or "GO" (GPS-Other/ unspecified).

- (b) Geographic Information Systems (GIS). If you have your own GIS, navigate to your street and pinpoint the exact location that you choose for your Lat/Long "Description" field (1.5.j). Your GIS should report (usually on a status bar) the latitude and longitude of the focus point or map marker. Your GIS should also allow a preference for display in degrees/minutes/seconds or decimal degrees.

Choose decimal degrees.

If you do not own a GIS, you can download a free "mini" GIS system called LandView™. It will give you a map of your county with lat/long coordinates. Visit the CEPPPO Homepage at <http://www.epa.gov/ceppo/tools.html> for more information.

To answer 1.5.i. "Method" for determining Lat/Long on your RMP, enter "I4" which represents "Interpolation - Digital map source (TIGER): derived from a digital map, mapping software or mapping tool."

- (c) **Internet-based address finders.** There are numerous Internet sites for viewing maps and finding specific locations.

EPA has developed the TRI Facility Siting Tool to allow facilities that submit Toxic Release Inventory (TRI) reports to obtain their latitude and longitude. This tool may also be used by facilities submitting Risk Management Plans (RMP). The tool asks you to enter either a zip code or a city and state. It then provides a map that you can zoom into and pan sideways, to identify your location. Once you get to the maximum zoom-in level, it will show a satellite photo over the map, to further assist in pinpointing your exact location. The tool will then display the latitude and longitude in "degrees/minutes/seconds" format. You should use the DMS Calculator button in RMP*Submit to convert to decimal degrees.

The TRI Facility Siting Tool can be accessed at the following web address:

http://www.epa.gov/tri/report/siting_tool/index.htm

If you use the TRI Facility Siting Tool to obtain your latitude and longitude, you should put the following values in the additional latitude/longitude fields:

i. Lat/Long Method: I2 - Interpolation-Photo

m. Source Map Scale Number: 24000

k. Horizontal accuracy measure (m): 25

l. Horizontal Reference Datum Code: 002 - North American Datum of 1983

To answer 1.5.i. "Method" for determining Lat/Long, enter "I4" which represents "Interpolation - Digital map source (TIGER): derived from a digital map, mapping software or mapping tool."

- (d) **Paper maps.** Choose a map that shows a relatively small area, and that has latitude/longitude tick marks along the edges. A county map book with a small section of the county on each page, or a USGS topographic map is ideal. County map books are available in many public libraries, bookstores and office supply stores. USGS maps are available in many libraries or may be purchased directly from the USGS by submitting a written request to:

Distribution Branch of the USGS

P.O. Box 25286

Denver Federal Center

Denver, CO 90225

Phone: (303) 236-5900.

Do not use a common road atlas with one state map per page or state highway maps because they generally show too large an area to obtain adequate latitude/longitude value.

After finding your exact location on the map, see where that point lies in relation to the latitude and longitude tick marks. You must convert decimal degrees/minutes/seconds to decimal degrees. Use

the DMS Calculator button to do this, or use the formula:

Divide minutes by 60; seconds by 3600; add to the degrees.

Latitude runs north-south and longitude runs east-west. As an example, if your latitude is half way between 38° 40' 00" (translated as 38 degrees, 40 minutes, 0 seconds), and 38° 50' 00", your latitude would be half way between the two latitude values, or 38° 45' 00". If your latitude is three-quarters of the way between the two tick marks, it would be 38° 47' 30". Perform the same exercise to determine longitude.

To answer 1.5.i. "Method" for determining Lat/Long, enter "I1" which represents "Interpolation – Map: derived from a paper or other non-digital map."

The table below lists all of the codes to be used for this element and provides a brief description of each method.

Code	Description of Method
A1	Address Matching -House Number: derived from a point corresponding to a house or building number along a street segment.
A2	Address Matching - Block Face: derived from a calculated midpoint of one side of a street segment with regard to odd or even addresses.
A3	Address Matching - Street Centerline: derived from a calculated midpoint and centerpoint of a street segment.
A4	Address Matching - Nearest Intersection: derived from the intersection closest to a house or building number.
A5	Address Matching – Primary Name: derived from the primary name of a township or city.
A6	Address Matching – Digitized: derived from hands-on use of computer-based mapping tools.
AO	Address Matching - Other: derived through the use of non-specific matching techniques.
C1	Census Block - 1990 - Centroid: derived from the calculated centerpoint of a 1990 Census Block as defined by the U.S. Bureau of the Census.
C2	Census Block/Group - 1990 - Centroid: derived from the calculated centerpoint of a 1990 Census Block/Group as defined by the U.S. Bureau of the Census.
C3	Census Block Tract - 1990 - Centroid: derived from the calculated centerpoint of a 1990 Census Tract as defined by the U.S. Bureau of the Census.
CO	Census - Other: derived from other Census-defined areas, such as Metropolitan Statistical Areas (MSAs).
GO	GPS-Unspecified: derived through the use of an unspecified GPS device.
G1	Global Positioning System (GPS) Carrier Phase Static Relative Positioning Technique: derived through the use of a GPS device employing Carrier Static Relative Positioning Technique.
G2	GPS Carrier Phase Kinematic Relative Positioning Technique: derived through the use of a GPS device employing Phase Kinematic Relative Positioning Technique.
G3	GPS Code Measurements (Pseudo Range) Differentially Corrected: derived through the use of a GPS device where measurements have been corrected for error based

- on the existence of known base stations relative to the study area.
- G4 GPS Code Measurements (Pseudo Range) Precise Positioning Service: derived through the use of a GPS device employing real-time precise positioning techniques.
 - G5 GPS Code Measurements (Pseudo Range) Standard Positioning Service SA OFF: derived through the use of a GPS device when the Department of Defense Selective Ability was turned off.
 - G6 GPS Code Measurements (Pseudo Range) Standard Positioning Service SA ON: derived through the use of a GPS device when the Department of Defense Selective Ability was turned on.
 - G7 GPS Code Measurements (Pseudo Range) Standard Positioning Service Corrected using Canadian Active Control System: derived through the use of a GPS device employing the Canadian Active Control System.
 - I1 Interpolation – Map: derived from a paper or other non-digital map
 - I2 Interpolation – Photo: derived from an aerial photograph
 - I3 Interpolation – Satellite: derived from a satellite image.
 - I4 Interpolation - Digital map source (TIGER): derived from a digital map, mapping software or mapping tool.
 - I5 Interpolation - SPOT: derived from a SPOT image.
 - I6 Interpolation - MSS (Multi-spectral Scanner): derived from a MSS image
 - I7 Interpolation - TM (Thematic Mapper): derived from a thematic mapper
 - L1 Loran C: derived from the use of a Loran-C positioning device
 - P1 Public Land Survey-Section: a coordinate pair corresponding to a point from a public land survey.
 - P2 Public Land Survey-Quarter Section: a coordinate pair corresponding to a point from a public land survey
 - P3 Public Land Survey-Eighth Section: a coordinate pair corresponding to a point from a public land survey.
 - P4 Public Land Survey-Sixteenth Section: a coordinate pair corresponding to a point from a public land survey.
 - P5 Public Land Survey-Footing: a coordinate pair corresponding to a point from a public Land survey.
 - S1 Classical Surveying Techniques: derived from traditional surveying techniques associated with construction activities.
 - UN Unknown.
 - Z1 ZIP Code-Centroid: derived from the calculated center of a U.S. postal ZIP code.
 - Z2 ZIP+2 Code-Centroid: derived from an averaging of multiple street segments. Approximately the size of a Census Block Group.
 - Z4 ZIP+4 Code-Centroid: derived from a calculated midpoint of one side of a street segment with regard to odd or even house or building numbers.

Reporting Latitude and Longitude

Once you have your latitude and longitude values, you'll need to make sure they are in the proper format, you will report latitude and longitude coordinates in “*decimal degrees*.”

Enter only numerical data. Do not preface numbers with letters such as N or W to denote the hemisphere.

For RMP*Submit, the default for the hemisphere is "+" for east and north. However because "+" is assumed by the system, you must leave that space blank for east and north. For west and south, enter a negative, "-", as the first character.

For example: Latitude 38.123456 Longitude -123.123456

Be careful not to reverse your latitude and longitude coordinates. Latitude in the 48 contiguous states ranges from 25° to 49°, while longitude ranges from -72° to -124°.

Reporting the accuracy of your latitude and longitude coordinates

You must provide the measure of the accuracy (in meters) of the latitude and longitude coordinates.

This is dependent upon the method you used to determine latitude and longitude. Obtain this information from the source provider of your information. GPS providers will specify the accuracy of the coordinates obtained.

***** Reporting the horizontal reference datum code

You must provide the code that represents the reference datum used in determining latitude and longitude coordinates you entered in 1.5.g and 1.5.h, respectively. The range of permissible values include:

Horizontal Datum Code	Horizontal Datum Description
001	North American Datum of 1927
002	North American Datum of 1983
003	World Geodetic System of 1984

APPENDIX G Navigating with a Keyboard

Exhibit 8 describes the keyboard equivalents that can be used to navigate within RMP*Submit. Notice that the <Tab> key can be used to navigate between fields, much like using a mouse. Press <Tab> to go to the next field or <Shift+Tab> to go to the previous field. Using <Tab> is preferable to using <Enter>, which can cause previously entered data to be lost.

To navigate between sections of a form:	
Press	To
F6	Cycle forward through the header, detail section, and footer of a form. For computers attached to Novell servers, this key may be disabled.
Shift+F6	Cycle back through the footer, detail section, and header of a form.
To navigate in forms with more than one page:	
Press	To
Page Down	Move down one page. At end of record, moves to top of next record.
Page Up	Move up one page. At top of record, moves to top of previous record.
To switch between modes:	
Press	To
F2	Switch between editing mode (with insertion point displayed) and navigation mode (entire field selected).
To navigate between fields and records (in navigation mode):	
Press	To
Tab, Right Arrow, or Enter	Move to the next field. Note: The Enter key will behave differently if you have changed the default using the View menu Options command.
Ctrl+Tab	Exit the subform and move to the next field in the master form; if not in a subform, move to the next field.
Shift+Tab	Move to the previous field.
Ctrl+Shift+Tab	Exit the subform and move to the previous field in the Master form; if not in a subform, move to the previous field.
Ctrl+Shift+Home	Move to the first field in the master form.
End	Move to the last field in the current record.
Ctrl+End	Move to the last field in the last record.
Home	Move to the first field in the current record.
Ctrl+Home	Move to the first field in the first record.
Ctrl+Page Down	Move to the current field in the next record.
Ctrl+Page Up	Move to the current field in the previous record.
To navigate in a combo box or list box:	
Press	To
F4 or Alt+Down Arrow	Open a combo box or list box.
Down Arrow	Move down one line.
Page Down	Move down one set of values.
Up Arrow	Move up one line.
Page Up	Move up one set of values.
Tab	Exit the box.
To navigate within a text box (when data is not selected):	
Press	To
Down Arrow	Move down one line.

Up Arrow	Move up one line.
End	Move to the end of the current line.
Ctrl+End	Move to the end of the last line.
Home	Move to the beginning of the current line.
Ctrl+Home	Move to the beginning of the first line.

Exhibit 8. RMP*Submit Keyboard Equivalents