



DOCUMENTATION OF COORDINATION FORM

Date(s) of Coordination:	
Facility Name:	
Facility Address:	
Facility Phone No:	
Facility Emergency Contact (Name):	
Regulated Substance (Name):	
Quantity of Regulated Substance (gallons or pounds):	
Describe Risk Presented by Covered Process (Reference Figures in the Off-Site Consequence Analysis)	
Describe Facility Resources and Capabilities:	

Document the Nature of Coordination Activity:	Check the Applicable Box
Annual Submittal of Emergency Action Plan (EAP)	
Confirmation that Stationary Source is included in the Community Emergency Response Plan	
Discussion of how the Stationary Source is addressed in the Community Emergency Response Plan	
Confirmation that appropriate mechanisms are in place to notify emergency responders	
Changes to Emergency Contact Information	
Changes to EAP	
Changes to the Stationary Source (e.g. Process Change, Quantity Change, Risk Change)	
Notification of On-Site Fertilizer Blending (Mobile Pipe Reactor)	
Submittal of Other Information that local emergency planning and response organizations identify as relevant to local emergency response planning	

LOCAL AUTHORITIES / ENTITIES COORDINATED WITH			
NAME	PHONE NO.	EMAIL	ORGANIZATION