



DOCUMENTATION OF NOTIFICATION EXERCISE

Date(s) of Exercise:	
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 Notification Exercise:	Check the Applicable Box
Review Emergency Action Plan (EAP)	<input type="checkbox"/>
Test on-site notification equipment (e.g. audible alarm, lights, hand signals, etc.)	<input type="checkbox"/>
Test on-site notification procedures	<input type="checkbox"/>
Test applicable evacuation and/or shelter in place procedures	<input type="checkbox"/>
Contact each entity listed in the emergency notification list to verify contact information and inform them this is a notification exercise	<input type="checkbox"/>
Update information in emergency notification list as needed	<input type="checkbox"/>
Confirmation that appropriate mechanisms are in place to notify emergency responders	<input type="checkbox"/>

AUTHORITIES NOTIFIED DURING EXERCISE			
NAME	PHONE NO.	EMAIL	ORGANIZATION