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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
EDISON, NEW JERSEY 08837 .

January 2, 1991

Dear Sir/Madam:

The U.S. Environmental Protection Agency (EPA) is currently conducting a removal action at the White Chemical Company site, located at 660 Frelinghuysen Avenue, Newark, New Jersey. The removal action is being conducted to address hazardous waste stored at the site.

To ensure the safety of the public during the removal action, the EPA is developing a Contingency Plan with the assistance of local authorities and area businesses. In order to develop a Plan which reflects the specific needs of area businesses, EPA is requesting your assistance in providing information on your company's operations.

Please complete the enclosed survey and return it in the enclosed self-addressed, stamped envelope to:

U.S. EPA Public Information Center
P.O. Box 2112
Newark, New Jersey 07114

Please return the survey by Friday, January 11, 1991.

Enclosed is a fact sheet which describes in greater detail EPA's removal activities at the White Chemical Company site. For further information, please call the U.S. EPA White Chemical Company Public Information Center at (201) 824-5629 or the Office of Emergency Management at (201) 733-3660.

Thank you for your assistance.

Very truly yours,



Robert Swales
Office of Emergency Management
1 Lincoln Ave., Room 206A
Newark, NJ 07104



Paula Cammarata
U.S. EPA
On-Scene Coordinator

Enclosure

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**AREA BUSINESS CONTINGENCY PLAN
FOR THE WHITE CHEMICAL COMPANY SITE
SURVEY QUESTIONS**

Please complete and return the completed survey in the attached envelope by **Friday, January 11, 1991**. Should you need any assistance in completing this form, please call the EPA Public Information Center at (201) 824-5629.

1. Company Name: _____

2. Company Address: _____
(street address)

(city, state, zip code)

3. Company Phone Number: () _____

4. Please provide the name, work phone number, and home phone number of the individual to be contacted in case of an emergency:

Name: _____

Work Phone Number: () _____

Home Phone Number: () _____

Please provide an **alternate** name and phone numbers (work and home) of an individual to be contacted in case of an emergency:

Name: _____

Work Phone Number: () _____

Home Phone Number: () _____

5. What are the **days** and **hours** of operation for your company?

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

6. How many employees work at your company? _____

7. Do employees work in shifts? ___Yes ___No

If yes, for each day of operation, please specify below shift times and number of employees each shift:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

8. Do you employ any handicapped individuals? ___Yes ___No

If yes, how many and what is the nature of their disability?

Do they have any special needs?

9. How many of your employees a) drive to work? _____
b) get a ride to work? _____
c) rely on public transportation? _____
d) walk to work? _____

10. What product (s) does your company manufacture?

11. If your company is not a manufacturer of any product, what services does your company provide?

12. What other services and/or products does your company provide?

13a) Does your company manufacture any chemicals? Yes No

If yes, please specify each chemical and approximate quantities:

b) Does your company process any chemicals? Yes No

If yes, please specify each chemical and approximate quantities:

c) Does your company store any chemicals on site? Yes No

If yes, please specify each chemical and approximate quantities:

14. Does your company have any type of alarm or security system?

If yes, please describe what type:

<input type="checkbox"/> Alarms	<input type="checkbox"/> ADT (security system)
<input type="checkbox"/> Fencing	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Security guard(s)	_____

15. If your company has security guards, please provide the security company's name, address, and phone number:

Security Company Name: _____

Address: _____

Phone Number: () _____

16. Does your company have a contingency plan? If so, please enclose a copy of the plan.

17. Please indicate the number of employees speaking each of the following languages:

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> French
<input type="checkbox"/> Polish	<input type="checkbox"/> Other	<input type="checkbox"/> Other
_____ language/# speaking	_____ language/# speaking	_____ language/# speaking