APPENDIX 2-B

HAZARDOUS SUBSTANCE RELEASE
NOTIFICATION GUIDELINE
This guideline is general in nature and is provided to assist in complying with HEPCRA and the SCP in Hawaii and does not have the force and effect of law. To ensure full compliance under the law, persons affected should review the appropriate Federal and State statutes and regulations. Failure to report a release under these laws and regulations may prompt EPA or State enforcement action including penalties not to exceed fines of $25,000 per day per violation or imprisonment. Copies of the laws and regulations may be obtained by contacting the HSERC/HEER at (808) 586-4249 or on the HEER website.

Overview of Requirements

In Hawaii, owners or operators of facilities or vessels reporting releases of hazardous substances are subject to state notification requirements under Chapter 128D, Hawaii Revised Statutes, the Environmental Response Law, Chapter 128E, Hawaii Revised Statutes, the Hawaii Emergency Planning and Community Right-to-Know Act (HEPCRA) and Title 11, Chapter 451, Hawaii Administrative Rules, the State Contingency Plan (SCP).

In general, the owner or operator of a facility or vessel must immediately notify the Hawaii State Emergency Response Commission (HSERC/HEER) ((808) 586-4249 or (808) 247-2191 after work hours) and the Local Emergency Planning Committee (LEPC) (telephone numbers are listed on a separate sheet) of the appropriate jurisdiction after the release of:

1. A listed hazardous substance designated under section 11-451-5(b), in quantities equal to or exceeding the reportable quantity criteria in section 11-451-6(b) in any 24-hour period; or
2. An unlisted hazardous substance designated under section 11-451-5(c), in quantities equal to or exceeding the reportable quantity criteria in section 11-451-6(c) in any 24-hour period.

Note: The HSERC/HEER are listed together because the Hawaii State Department of Health Hazard Evaluation and Emergency Response Office is the administrative contact for the Hawaii State Emergency Response Commission.

An exception from immediate notification is provided for releases of oil of less than 25 gallons in any 24-hour period which is not contained and remedied within 72 hours. Such releases must be reported in written form only within 30 days of the discovery of the release.

The owner or operator of the facility or vessel must also provide a written follow-up notice within 30 days of the discovery of the release. If a release of a hazardous substance poses an imminent or immediate threat to public health or the environment, dial 911 to request fire, police, or emergency medical service personnel response.

Immediate Notification Contents

A reportable quantity of a hazardous substance is a trigger to notify the appropriate government agencies. This is necessary so that government personnel such as the State On-Scene Coordinators can evaluate the need for a response action and ensure that any necessary response actions are undertaken in a timely manner.
Immediate verbal notification shall be provided to the HSERC/HEER and LEPC either via telephone or in person. HEER/HSERC will not accept initial notification via fax or e-mail. In addition, unless it is specifically stated that a verbal notification is being given to a State On-Scene Coordinator (SOSC) on scene during an incident, the presence of a SOSC does not constitute a notification.

Provide the following information to the extent known at the time of the notice so long as no delay in responding to the emergency results. It is expected that notification occur within 20 minutes of discovery of the release. (Do not delay due to incomplete notification information related to the release):

1. Name and telephone number of the caller.
2. Name and telephone number of a contact person, (if different from the caller) that can provide timely information as the incident is occurring.
3. Name (trade and chemical), of the hazardous substance which has been released.
4. Approximate quantity of the hazardous substance which has been released.
5. Location of the incident.
6. Date and time of spill, release, or threatened release.
7. Description of what happened (source and cause of the release).
8. Immediate danger or threat posed by the release.
9. Name, address, and telephone number of the responsible party or potentially responsible party.
10. Measures taken or proposed to be taken in response to the release as of the time of the notification.
11. Any known injuries or advice regarding medical attention necessary for exposed individuals.
12. The names and phone numbers of other federal, state, or local government agencies that have been notified of the release.
13. Any other information that may help emergency personnel respond to the incident.

Once the information has been provided, the caller will be provided with a HEER Incident Case Number, which shall be referenced in any future correspondence including the written notification submittal.

Federal Requirements under the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) and the Oil Pollution Act (OPA)

Releases of Reportable Quantities (RQ) of CERCLA hazardous substances and releases of oil which causes a sheen on water must also be reported to the National Response Center at 1(800) 424-8802.

Written Follow-Up Notification Contents

Notice, including all information provided in the verbal notification described above and any other pertinent information not previously provided, shall also be made in writing to the HSERC/HEER. This written notification shall be sent to HSERC/HEER no later than thirty (30) days after initial discovery of a release. The written notification can be sent by certified mail, faxed, hand-delivered, or another means which provides proof of delivery. Photos should be included to document the incident. A suggested Written Follow-up Notification Form is provided.
Hawaii Hazardous Substance Written Follow-Up Notification Form

PLEASE PROVIDE THE FOLLOWING INFORMATION

Incident Case No.: ________________________

Contact Information

Caller’s Information

Name: ______________________________________

Address: ______________________________________

City: ___________________ State ___________ Zip ________

Telephone number: ___________________________

Owner’s Information

Name: ______________________________________

Title: ______________________________________

Company: ___________________________________

Address: ______________________________________

City: ___________________ State ___________ Zip ________

Telephone number: ___________________________

Operator’s Information

Name: ______________________________________

Title: ______________________________________

Company: ___________________________________

Address: ______________________________________

City: ___________________ State ___________ Zip ________

Telephone number: ___________________________

Name of a contact person at the facility or vessel where the release has occurred: __________________________

Telephone number: ___________________________
Hazardous Substance Released:

Name (trade and chemical) of the hazardous substance which has been released: ________________________________

Chemical Abstract Service (CAS) Number (if applicable): ________________________________

Approximate quantity of the hazardous substance released: ________________________________

Incident Information

Location of the release: ________________________________________________________________

A brief description of the release: ______________________________________________________

Media into which the release occurred or is likely to occur (Indicate all those that apply):

☐ Air  ☐ Soil  ☐ Groundwater  ☐ Concrete  ☐ Asphalt  ☐ Stream  ☐ Ocean  ☐ Other

Cause of the release: ________________________________________________________________

Date of the release: ________________________________

Time of the release: ________________________________

Duration of the release: ________________________________

Date: ________________________________________________________________

Time that the person in charge of the facility or vessel where the release occurred obtained knowledge of the release: ________________________________

Source of the release: ________________________________________________________________

Response Information

Response measures taken thus far: ______________________________________________________
Any appropriate information relating to the ability of the owner or operator of the facility or vessel where the release has occurred to pay for or perform any proposed or required response actions:

__________________________________________________________________________________________________________________________________________________________________________________________________________

The names of other federal, state, or local government agencies that have been notified of the release:

__________________________________________________________________________________________________________________________________________________________________________________________________________

**Health Information**

Known or anticipated acute health risks:

________________________________________________________________________________________________________________________________________

Known or anticipated chronic health risks:

________________________________________________________________________________________________________________________________________

Advice regarding medical attention necessary for exposed individuals:

________________________________________________________________________________________________________________________________________

Potential impacts to public health or welfare:

________________________________________________________________________________________________________________________________________

Potential impacts to the environment:

________________________________________________________________________________________________________________________________________

“I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted info is true, accurate, and complete.”

Signature: ___________________________________________ Date: __________________________

Printed Name: ___________________________________________

Title: ___________________________________________

Company: ___________________________________________