

LOUISIANA DEPARTMENT OF PUBLIC SAFETY
OFFICE OF STATE POLICE
HAZARDOUS MATERIALS UNIT
P.O. BOX 66614
BATON ROUGE, LOUISIANA 70896

TOXIC SUBSTANCES EMERGENCY PLAN

This form is pursuant to Act 642 of the 1979 and Act 364 of the 1980 regular session of the Louisiana Legislature. This form shall be filed with the Secretary of Public Safety no later than January 31 of each year.

1. Facility Name, Location, and Mailing Address: _____

OPS INDUSTRIAL INC SH 10 at Columbia Industrial Road
Box 1000 LA 16002 LA 70602

2. Classification: ☒ Refinery and/or Chemical Manufacturer

☐ Repackager

☐ Wholesale storage and distribution

3. Name and/or title of person who will notify authorities: _____

LEAD SECURITY GUARD ON DUTY

4. 24-Hour Telephone Number where authorities can make contact in case of emergency: ~~414~~ (318) 491-4242

5. Principal product(s) or chemical(s) which is maintained, stored or manufactured and meets the definition of Toxic Substance (Attachment if Needed):

chlorine, vinyl chloride, hydrogen chloride

6. List organizations and authorities who will be notified in the event of a toxic release: ☒ Hazardous Material Hotline 24-Hour(collect) (504)925-6595
(LRS 40:1299.100)

☒ State Police Troop D ☒ Sheriff's Office ☐ Mutual Aid

☐ Fire Department ☒ Municipal Police ☒ Civil Emergency Office

☐ other See Remarks

7. The notification to the proper public safety authorities will include the type of gas or mixed gases, direction of travel of gas, severity and expected duration of gas emission to the atmosphere, and suggested actions.

8. Releases that will escape beyond the plant perimeter shall be reported.

9. Notification will be made by telephone # See Directory, radio(freq.) _____, or other (list) _____

REMARKS: Notification will be made by special dedicated telephone hot line, connecting a network of sponsoring industries with law enforcement officials. In addition to the ~~known~~ ^{known} location noted under #6, other locations are:

PPG Industries	Centaured One.
DLI, Corp	Liqui Air One.
CONOCO Refinery	Sheraton Motor Inn
CONOCO Chemical	
Jupiter Chemical	

When this form has been completed, in its entirety, please mail to the address listed at the top of the page.

Date Submitted: 5/15/81

By Whom: ROGER CORLETT, MANAGER SAFETY Smith

Date Approved: _____