

**MISSISSIPPI LIQUEFIED COMPRESSED GAS  
FIRE SAFETY ANALYSIS**

**THE "FIRE SAFETY ANALYSIS" MUST BE DISTRIBUTED  
TO AND COORDINATED WITH LOCAL EMERGENCY AGENCIES  
SUCH AS FIRE DEPARTMENTS AND LAW ENFORCEMENT  
AGENCIES THAT WOULD RESPOND TO THE SITE OF THE INSTALLATION.**

**REGISTRATION INFORMATION**

**1. Source Identification:**

a. Facility Name: \_\_\_\_\_

b. Parent Company Name: \_\_\_\_\_

**2. Facility Location Address:**

a. Street 1: \_\_\_\_\_

b. Street 2: \_\_\_\_\_

c. City: \_\_\_\_\_ d. State: \_\_\_\_\_ e. Zip: \_\_\_\_\_

f. County: \_\_\_\_\_

**3. Owner or Operator:**

a. Name: \_\_\_\_\_

b. Phone: \_\_\_\_\_

**Mailing Address:**

c. P. O. Box \_\_\_\_\_ d. Street: \_\_\_\_\_

e. City: \_\_\_\_\_ f. State: \_\_\_\_\_ g. Zip: \_\_\_\_\_

**4. Name and Title of Person or Position responsible for implementation:**

a. Name of person: \_\_\_\_\_

b. Title of person or position: \_\_\_\_\_

**5. Emergency Contact:**

a. Name: \_\_\_\_\_

b. Title: \_\_\_\_\_

c. Phone: \_\_\_\_\_ 24-hour phone: \_\_\_\_\_

**BULK PLANT INFORMATION**

1. **Container Nameplate Information:** Please list each tank's data plate information on a separate sheet.

2. **Chemical Name:** Liquefied Petroleum Gas

3. **Total Quantity:** \_\_\_\_\_

4. **Distance to Exposure:** One (1) Mile Radius (Based on Emergency Response Guide 128, it is recommended that the listed exposure area should cover a one (1) mile radius. \_\_\_\_\_

5. **Estimated residential population within distance to exposure:** \_\_\_\_\_

6. **Public receptors within distance to exposure:**

a. **Schools:**

b. **Residences:**

c. **Hospitals:**

d. **Prisons/Correction Facilities:**

e. **Recreation Areas:**

f. **Major Commercial, Office or Industrial Areas:**

g. **Other (Specify):** \_\_\_\_\_

7. **Last Safety Inspection Date (by an External Agency):** \_\_\_\_\_

**HAZARD REVIEW**

1. **The date of completion of most recent hazard review or update:** \_\_\_\_\_

2. **The expected or actual date of completion of all changes resulting from the hazard review:** \_\_\_\_\_

3. **Major Hazards Identified:**

a. **Fire:**

b. **Explosion:**

c. **Over pressurization:**

d. **Overfilling:**

e. **Equipment failure:**

**4. Process controls in use:**

- a. Vents:**
- b. Tank Relief Valves:**
- c. Hydrostatic Relief Valves:**
- d. Excess Flow Devices:**
- e. Emergency Shutoffs W/Remote Closure  
& Thermal Actuation:**
- f. Check Valves:**
- g. Manual Shutoffs:**
- h. Automatic Shutoffs:**
- i. Bulkheads:**
- j. Passive Shutdowns (i.e. hose low/high pressure, etc.)**
- k. Alarms and Procedures:**
- l. Keyed Bypass:**
- m. Emergency Power:**
- n. Fire Extinguisher:**
- o. Fire Water Protection:**
- p. Tampering Protection (Fences, Locks, etc.)**

**5. The date of the most recent review or revision of operating procedures: \_\_\_\_\_**

**6. Training:**

**a. The date of the most recent review or revision of training programs: \_\_\_\_\_**

**b. The type of training provided:**

- 1. Classroom:**
- 2. On the Job:**
- 3. Other Training (Specify): \_\_\_\_\_**

**c. The type of competency testing used:**

- 1. Written Tests:**
- 2. Observation:**
- 3. Oral Tests:**
- 4. Demonstration:**
- 5. Other (Specify): \_\_\_\_\_**

**7. Maintenance and Inspection (In-House):**

**a. The date of the most recent review or revision of maintenance procedures:**

\_\_\_\_\_

**b. The date of the most recent inspection or test of bulk plant tanks, valves, piping and hoses, etc.: \_\_\_\_\_**

**8. Compliance Audits (Outside Agency):**

a. The name of the outside agency or company that most recently completed a compliance audit: \_\_\_\_\_

b. Date of audit completion: \_\_\_\_\_

c. Expected or actual date of completion of all changes resulting from the compliance audit: \_\_\_\_\_

**9. Incident/Accident Investigation (In-House) within the last five (5) years involving an LP - Gas release. Attach a report describing the following:**

a. Incident

b. Investigation

c. Causes

d. Origin

e. Conclusion

f. Actions Taken

**EMERGENCY RESPONSE**

**1. Fire Department:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

List probable effectiveness of the fire department(s) based on water supply, response time and training:

**2. Law Enforcement:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

List probable effectiveness of the law enforcement agency based on response time and training:

**Additional Information:**