



Washington State
Department of Ecology
Spill Prevention, Preparedness, and Response Program
PO Box 47600, Olympia, WA 98504-7600
Office Phone: (360) 407-7455
Fax: (360) 407-7288 or toll free 1-800-664-9184

Spill Management Team (SMT) Application

INTRODUCTION

The information provided in this application will be used to verify and evaluate your Spill Management Team (SMT) application, and may be used to support oil spill contingency plan approvals submitted under Chapter 173-182 Washington Administrative Code (WAC) Oil Spill Contingency Plan Rule and Chapter 173-186 WAC Oil Spill Contingency Plan - Railroad Rule. SMT applications are subject to a 30 day public review and comment period prior to receiving approval from the state, in accordance with WAC 173-182-640. All information provided in the application is subject to public disclosure.

WAC 173-182-840

Ecology shall inspect contracts, letters of intent (LOIs), employee training records, and conduct a test of the SMT call-out procedures. A combination of training and experience in drills and spills may be used to describe SMT personnel capabilities within response roles.

WAC 173-182-850

Significant changes in SMT applications require notification. The SMT is responsible to provide written notification to Ecology and all plan holders to whom they are obligated, within twenty-four hours, of any significant change in the information reported in the approved application.

WAC 173-182-900

Ecology may verify compliance with this chapter by examining training records, accuracy of call-out and notification lists, spill management team lists, incident command system (ICS) forms, post-spill reviews and records on lessons learned.

Oil spill responses present opportunities to gather information on the effectiveness of your personnel resources. In the event SMT personnel are deployed for spill response operations, Ecology may require documentation of performance and lessons learned from the SMT.

Submit your completed and signed application via email to contractorapp@ecy.wa.gov or via mail to:

**Washington Department of Ecology
Spill Preparedness Section – Spill Management Team Application Review
PO Box 47600
Olympia, WA 98504-7600**

Company Name:

UBI Number:

Point of Contact:

Mailing Address:

City:

State:

Zip:

Physical Address:

City:

State:

Zip:

Primary Phone Number:

Primary Fax Number:

Email:

B – SIGNATURE

The information in this application is accurate and _____ is committed to:

1. Have a process to provide 24 hour per day contact for spill management. WAC 173-182-830
2. Begin mobilization efforts immediately upon notification but no later than two hours from notification of a spill. WAC 173-182-830
3. Ensure the incident commander is able to arrive in the state within six hours after notification of a spill, if the SMT is contracted to fill the role. WAC 173-182-830
4. Assist plan holders in meeting the requirements for plans and drills in Washington. WAC 173-182-830
5. Implementation and use of the contingency plan(s) to which they are contracted during a spill and substantial threat of a spill, and the training of personnel to implement the plan. WAC 173-182-830
6. Work in unified command within the incident command system to ensure that all personnel and equipment resources necessary to the response will be called out to clean up the spill safely and to the maximum extent practicable. WAC 173-182-830
7. Provide written notification to ecology and all plan holders to whom they are obligated, within twenty-four hours, of any significant change in the information reported in the approved application. WAC 173-182-850

Printed Name

Title

Signature (electronic signature is acceptable)

Date

Fill out only the sections that apply to your company

C – PERSONNEL INFORMATION: WAC 173-182-840(1)

Include a list of response personnel and indicate whether they are full time, part-time, dedicated, or non-dedicated employees and their home base or office location. Dedicated means either full-time or part-time employee of the SMT. Non-dedicated means any personnel resource available under contract, LOI, or other approvable means. Non-dedicated relationships will be verified during the application review process.

Name	ICS Role(s)	Home Base / Office	Employment Status
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Note: In the SMT application, it is not necessary to include personal information such as phone numbers. That information shall be maintained by the SMT and made available to Ecology upon request. You may add additional lines or use an alternate format and include this information as an attachment if additional space is needed.

D – ORGANIZATIONAL DIAGRAM: WAC 173-182-840(2)

Include an ICS Form 207 organizational diagram depicting a potential staffing plan for the roles the SMT may fill in support of a worst case spill. You may include this diagram as an attachment.

E – NOTIFICATION AND PERSONNEL RESOURCES: WAC 173-182-840(3)

E1. Describe your 24 hour response system and provide the phone number. Cite the name of a central reporting office or individual(s) responsible for implementing your call-out process.

E2. Describe estimated personnel response times for arrival in state, based on the standby or call back status of the person, their home base, and travel time. Describe the order of priority for call-out.

F - TRAINING INFORMATION: WAC 173-182-840(4)

F1. Include a list of the type and frequency of training staff receive as applicable by ICS position. The training must be position specific for the roles that may be filled by the SMT. A combination of training and experience in drills and spills may be used to describe SMT personnel capability within response roles. The list may be organized by position or may be an inventory of staff training levels.

The following categories of training, at a minimum, should be described as applicable to the role:

1. ICS training
2. NWACP policies and response tools
3. Use and location of GRPs
4. Contents of the contingency plan(s)
5. Worker health and safety requirements including Washington state specific regulations

F2. Describe the responsibility for training based on employment status (full-time, part-time, or non-dedicated) and indicate whether the employer or employee is responsible for maintaining training. Describe how the employer verifies training compliance.