INTEGRATED CONTINGENCY PLAN

Haartz Corporation
87 Hayward Rd.
Acton, MA 01720

March, 2001

Revised
June, 2002
November, 2003
November, 2004

Table of Effective Pages

Section/Page	Page Dated:	
Title Page	March, 2001 revised 6/02, 11/03, 11/04	New
Certification Page (2 pages)	11/10/03	
SPCC Plan Amendment Log	11/1/04	New
Table of Contents (i, ii)	11/10/03	
Chapter 1 (3 pages)	11/10/03	
Chapter 2 (Pages 2-1 through 2-15)	11/10/03	
Page 2-16	11/1/04	New
Appendices Title Page	11/10/03	
Appendix A (Pages A-1 through A-16)	11/10/03	
Pages A-17, A-18	11/1/04	New
Appendix B (page B-1)	11/10/03	
Drawings:		
B.1 Site Location	Undated	
B.2 General Facility Layout	8/2/00	
B.3-1 through B.3-10, 12 Emergency Exit Routes/Eyewash/Shower/Spill Cabinets	11/10/03	
B.3-11 Emergency Exit Routes Bldg 15	11/1/04	New
B.3-13 Emergency Exit Routes Craig Rd.	11/1/04	New
B.4 Storm Drains	11/8/00 Rev. B	
B.5 Septic System	12/14/99 Rev. A	
B.6 Chemical Storage/Spill Cont.	11/8/00 Rev. A	
B.7 Gas Shut-off Locations	12/17/99 Rev. A	
B.8-1 Electrical Transformer and SB	6/16/00 Rev. B	
B.8-2 Electrical One-Line	12/9/99 Rev. D	
B.9-1 Fire Loop	6/3/02 Rev. B	
B.9-2 Fire Loop Valve Locations	12/7/00	
B.9-3 Fire Alarm System	6/3/02 Rev. B	
B.10-1 MEK Tank Farm Layout	7/18/97 Rev. A	
B.10-2 MEK Piping Layout	2/9/00 Rev. E	
B.10-3 MEK Pipe One-Line	4/9/98	
B.10-4 MEK Distribution	2/17/99 Rev. A	
B.11-1 through B.11-8 Fire Extinguishers	11/1/04	New
Appendix C (31 pages)	11/10/03	
Appendix D (Pages D-1 through D-3)	11/10/03	
Pages D-4 through D-6	11/1/04	New
Mass. DEP form BWSC-103 (7 pages)	6/27/03 and 4/4/95	
Appendix E (3 pages)	11/10/03	
Appendix F (3 pages)	11/10/03	

CERTIFICATION PAGE (Continued)

SPCC Plan Amendment Log

Amendments which are incorporated into the body of this Plan shall be recorded below by the engineer making the amendment, noting the date of this incorporation and description of the amendment.

Date	Responsible Person*	Description	Pages
11/1/04	E. Steward	Update muster point coordinator list Update emergency response staff list Update emergency telephone list Update emergency exit dwgs.Bldg 15, Craig Rd Replace fire extinguisher drawings Update Incident Investigation forms	2-16 A-17 A-18 B.3-11, 13 B.11-1 thru 8 D-4, 5 & 6
11/10/03	A. Silva (MA 36834) / E. Steward	General Revision all sections Replace drawings B.3 & B.12 1-8 with B.3 1-13	 B.3, B.12
6/3/02	E. Steward	Update muster point coordinator list Update contact list Update emergency response staff list Update emergency telephone list Update eyewash/shower drawing Update fire loop drawing Update fire alarm system drawing Update extinguisher location dwg. B 14&6 New extinguisher location dwg. Craig Rd. Update emergency exit dwg. Craig Rd. Update security company	2-15 & 16 A-1 A-17 A-18 B.3 B.9-1 B.9-3 B.11-5 B.11-8 B.12-8 C-10

** If a significant change, then engineer name, state, registration number.*

Maintenance & Engineering
Receiving, Bldg. 1A

Day shift Muster Point C Team Leaders List:

Sales & Customer Service:	Chris Belland or Bonnie Bastarache
Accounting:	Paul Chastanet or John Gardner
MIS:	John Gardner or Paul Chastanet
Purchasing:	Rudy Nicoletti
Lab:	Bob Raymond
Process:	Doug Bishop
HR:	Dianne Jopling
Extruder 1:	George Caissie
Extruder 2:	Rob Faulcon
Extruder 3:	Joe Godin
Extruder 4:	Kevin Hamblin
Extruder 5:	Carlos Martinez
Building 10 (W/R, E6, UV):	Dave Wade
Dryblend Mixing:	Ben LeBlanc
R&D Offices:	Paul Batts and Walter Robar
Facilities Engineering:	Geoff Kerr
Building 1A Receiving:	Mike Martino
*T/C Line 1:	Gilvan Santos
*T/C Line 2:	Joe Navin
*T/C Line 3:	Joe Bolduc
*Extruder 7:	Alan Frost
*Extruder 8:	Bill Kerrigan

(* - if assigned to a Muster Point C work location)

Muster Point D:

Location: 20 Craig Road
Coordinator: Ken Nutt (day); George Bernier (night)
Alternate: Terry Derr (day); Hassan Mansaray (night)

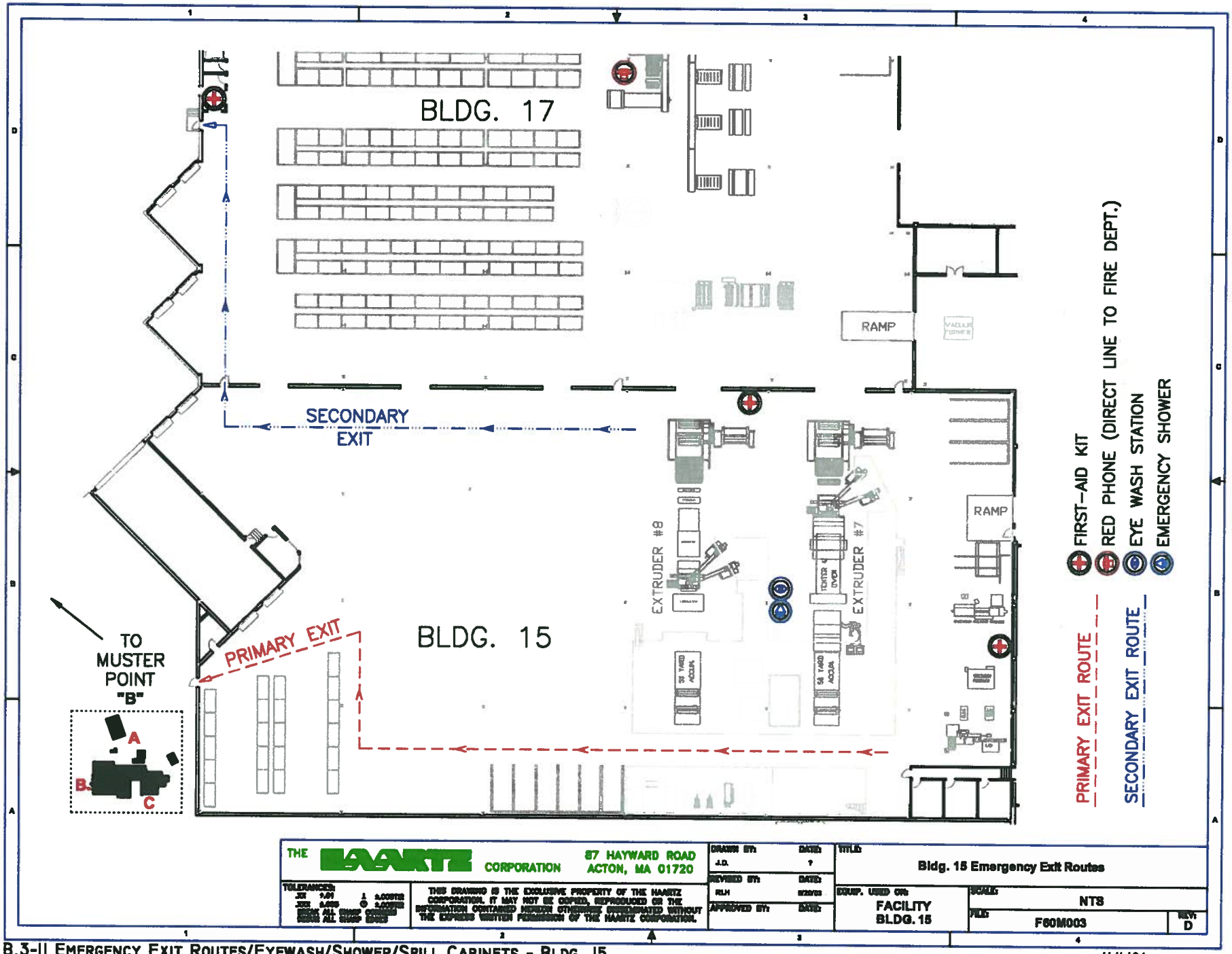
Emergency Response Staff

#61-999

Allen, Mike (1st Shift)
Bastarache, Paul (Supervisor)
Bernier, George (Craig Rd.)
Buckley, Brenda (Safety)
Burton, Rick (2nd Shift)
Chaban, Dave (Mechanic)
Cormier, Roger (Cont. Improvement)
Culkins, Bill (Electrician)
Davis, Jim (3rd Shift Electrician)
Ekwall, Karl (3rd Shift)
Endyke, Mark (Electrician)
Gallant, John (3rd Shift)
Ganung, Russ (1st Shift Electrician)
Goguen, Rod (Facilities)
Gomez, Sergio (2nd Shift)
Greenaway, Doug (Mechanic)
Haartz, Ben (Maintenance)
Hamblin, Les (Mechanic)
Hatfield, Dick (Environmental)
Krupski, Mike (Mfg. Mgr.)
Mueller, Wil (Plant Eng.)
Nutt, Ken (Craig Rd.)
Stadler, Norbert (3rd Shift)
Stevenson, Bernie (2nd Shift Electrician)
Steward, Ernie (Environmental)
Woodard, Bruce (2nd Shift Mechanic)
Woodard, Steve (3rd Shift)

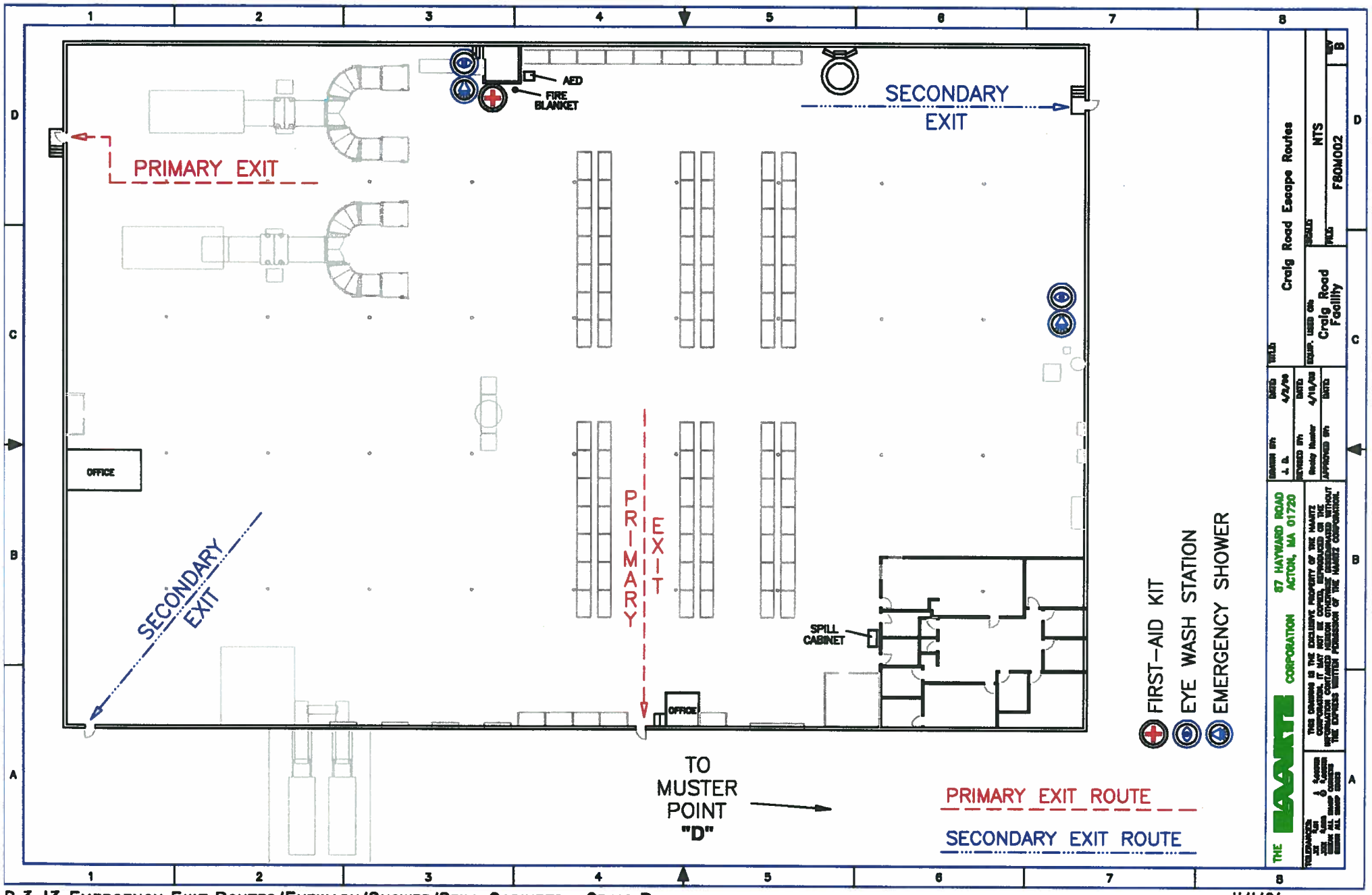
THE HAARTZ CORPORATION EMERGENCY TELEPHONE LIST

	TELEPHONE	SPEED DIAL #61	CELL PHONE	SPEED DIAL #61
TO REPORT A FIRE OR MEDICAL EMERGENCY	9-911	001		
POLICE EMERGENCY	9-911	001		
A- EMERGENCY MECHANICAL, ELECTRICAL, or FACILITY TROUBLE				
Rod Goguen	978-342-8135	097		
Mark Endyke	603-437-6574	105		
Ben Haartz	508-473-3764	155		
B- PLANT INJURY (ACCIDENT)				
Brenda Buckley	978-741-3409	033		
Rod Goguen	978-342-8135	097		
C- FIRE and/or EXPLOSION				
Rod Goguen	978-342-8135	097		
Eric Haartz	978-371-7211	028	978-793-0966	611
Ben Haartz	508-473-3764	155		
Mark Endyke	603-437-6574	105		
Dick Hatfield	978-263-0322	035	978-793-0952	
Ernie Steward	978-486-3392			
D- CHEMICAL SPILL				
Rod Goguen	978-342-8135	097		
Ben Haartz	508-473-3764	155		
Dick Hatfield	978-263-0322	035	978-793-0952	
Ernie Steward	978-486-3392			
HAARTZ PERSONNEL AND OTHER EMERGENCY PHONE NUMBERS				
Eric Haartz, CEO	978-371-7211	028	978-793-0966	611
John Fox, President	978-685-1440	029	978-397-0158	609
Doug Sieber, VP-Operations	508-869-0564	011	978-394-1800	
Wil Mueller, Plant Engineer	603-883-6614	007		
Dianne Jopling, Personnel Director	978-433-8548	063	978-793-0953	
Brenda Buckley, Safety Director	978-741-3409	033		
Mike Krupski, Plant Manager	978-827-6711	827	978-793-0037	704
Steve Woodard, Manager - Nights	603-432-9606			
Rene Beaudoin, Plumber	978-534-2309	333		
Doug Greenaway, Mechanic	978-394-3334	422		
Bill Culkins, Electrician	978-343-7952	095		
Roger Bradley, Welder/Fabricator	978-838-2030	171		
Dave Chaban, Mechanic	978-840-8172	120		
David Kendrick, Engineering	978-264-9862			
Security Guard (pager)	978-963-0857	799		
NSTAR – Emergency (Electric Power)	800-592-2000			
KeySpan (Gas leak)	800-231-5325			
Acton Water Department	978-263-5656	021		
Safety Signal (MEK Tank Farm)	508-376-2238	037		
Pinkerton Security (Boston Dispatch)	800-225-6146			
Fire Equipment	888-296-1381	169		
Grinnell	781-828-5310	098		
McKeon Electric (Fire Alarm System)	617-592-4006			
Allstate Power Vac (HazMat Team)	508-393-2537			
Clean Harbors (HazMat Team)	800-343-4244			
AFA (Burglar/Fire Alarm, Craig Rd.)	888-232-1873			



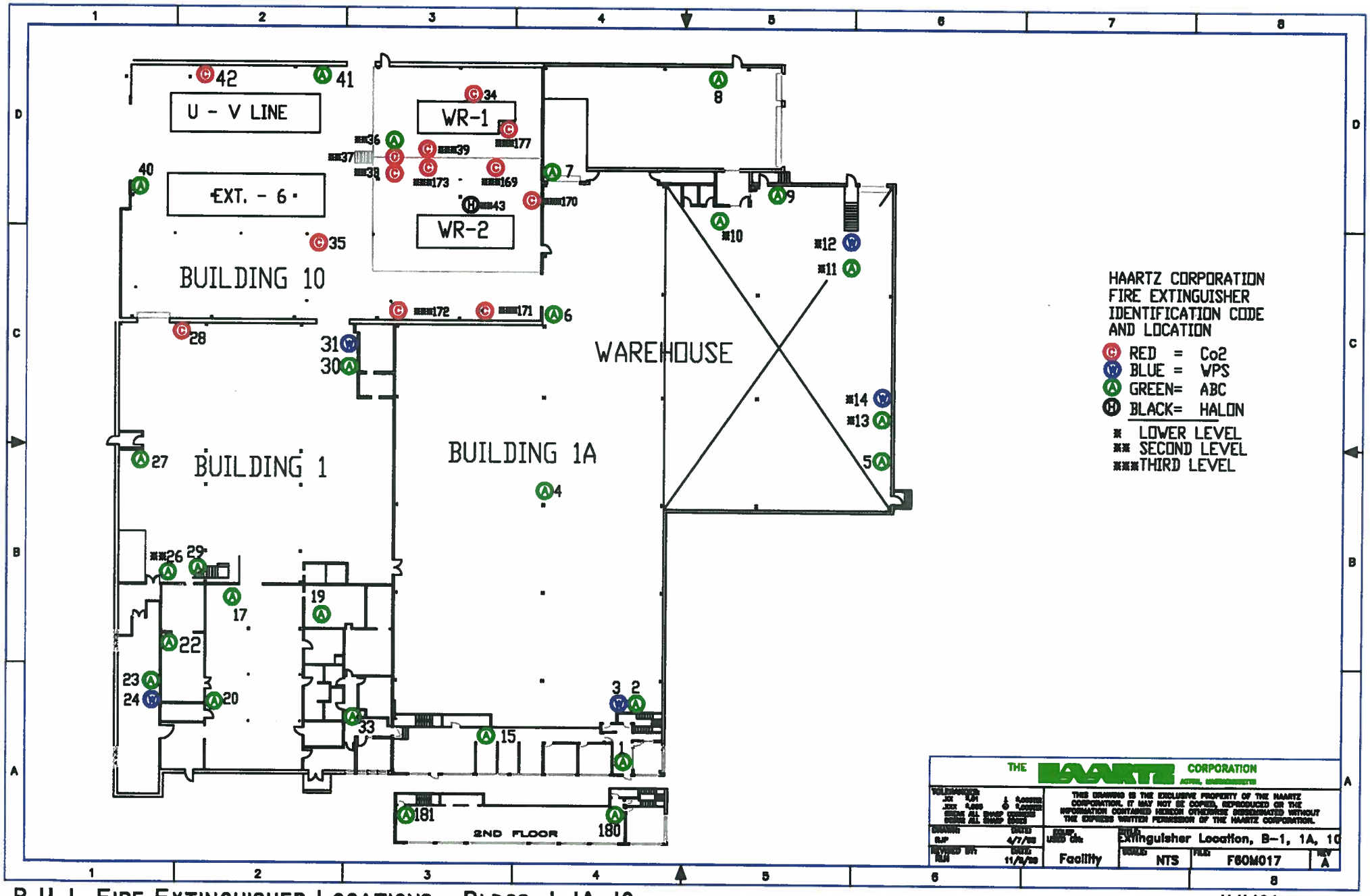
B.3-II EMERGENCY EXIT ROUTES/EYEWASH/SHOWER/SPILL CABINETS - BLDG. 15

11/1/04



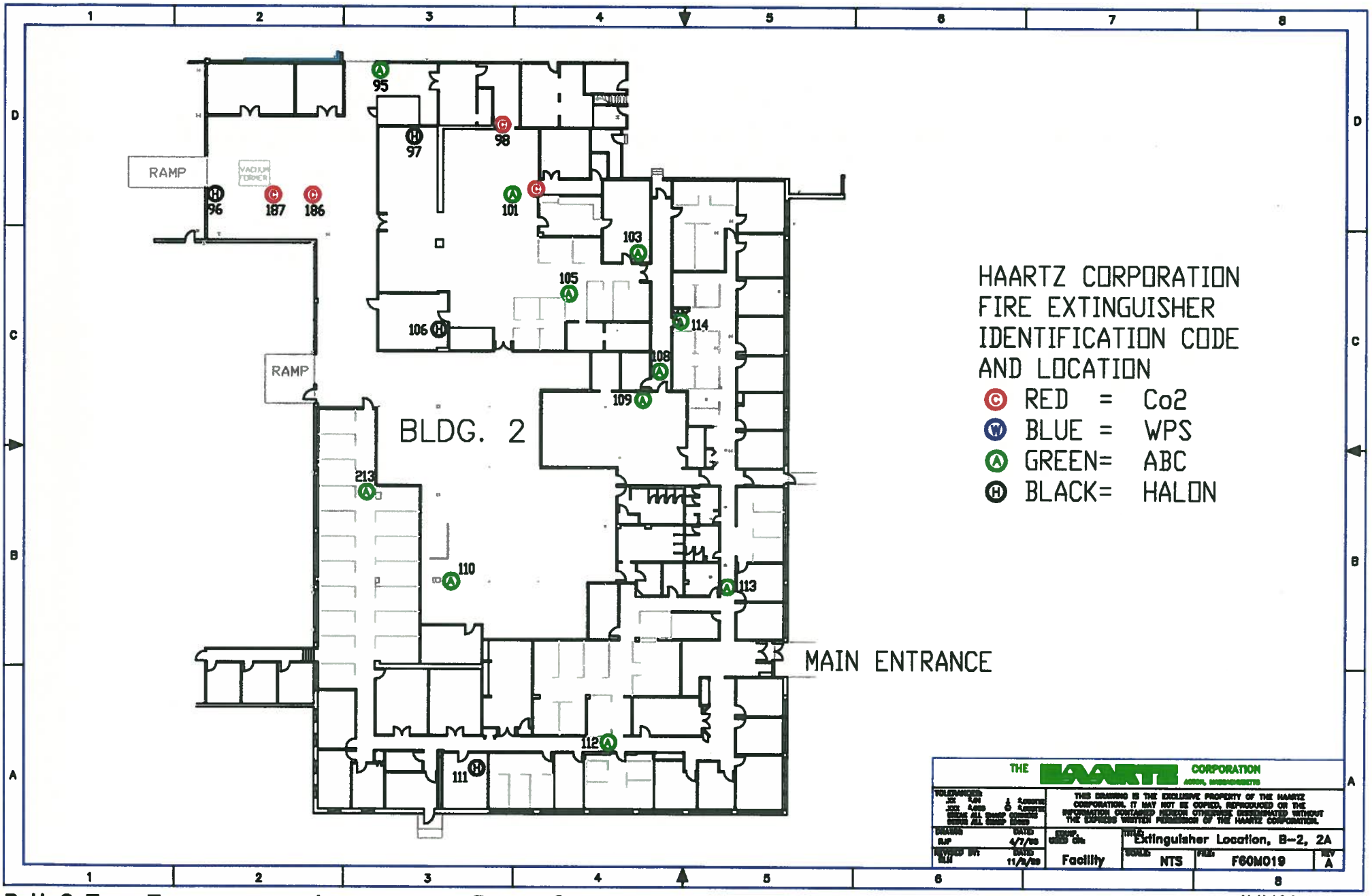
B.3-13 EMERGENCY EXIT ROUTES/EYEWASH/SHOWER/SPILL CABINETS - CRAIG RD.

11/1/04



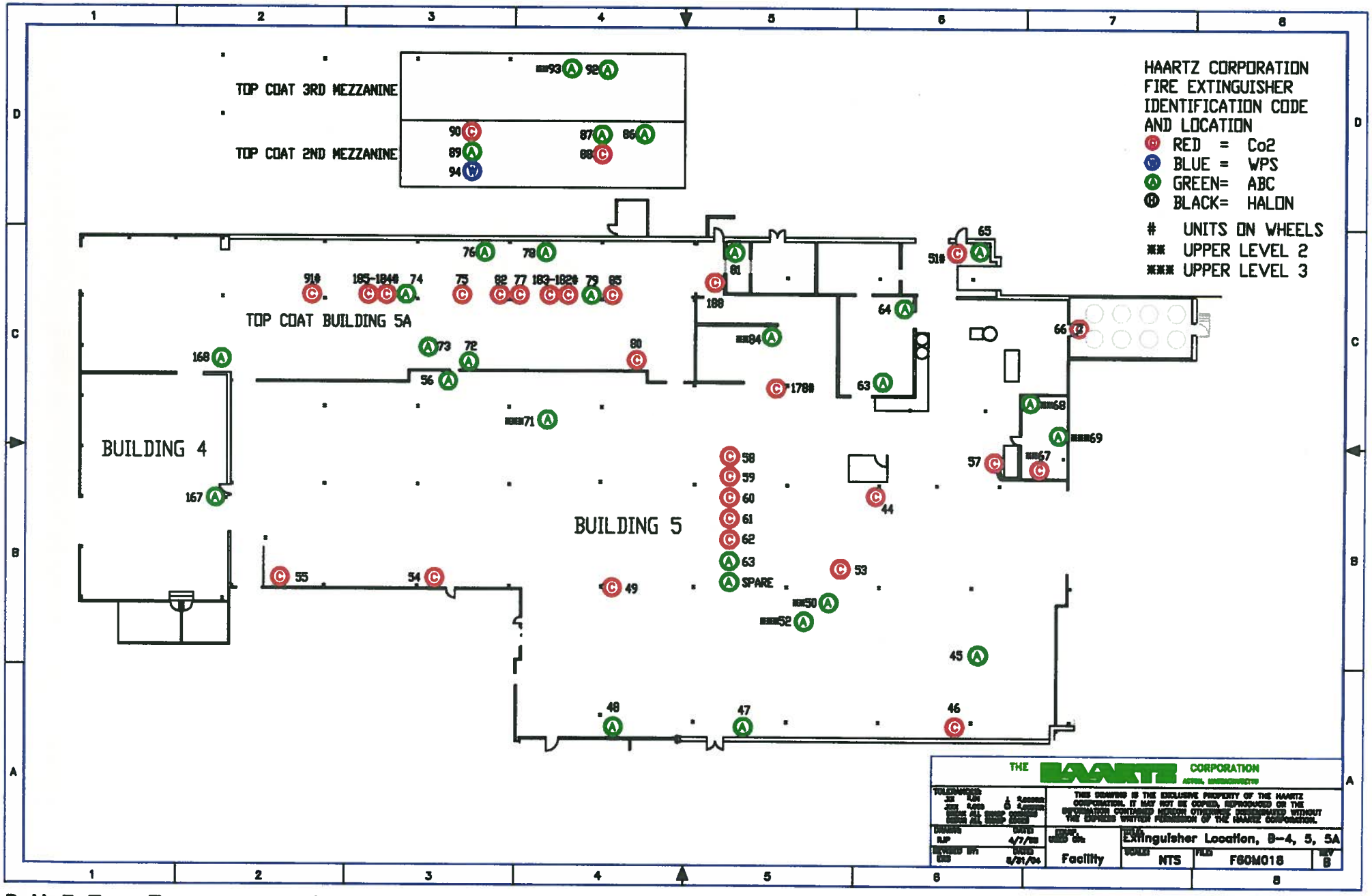
B.11-1 FIRE EXTINGUISHER LOCATIONS - BLDGS. 1, 1A, 10

11/1/04



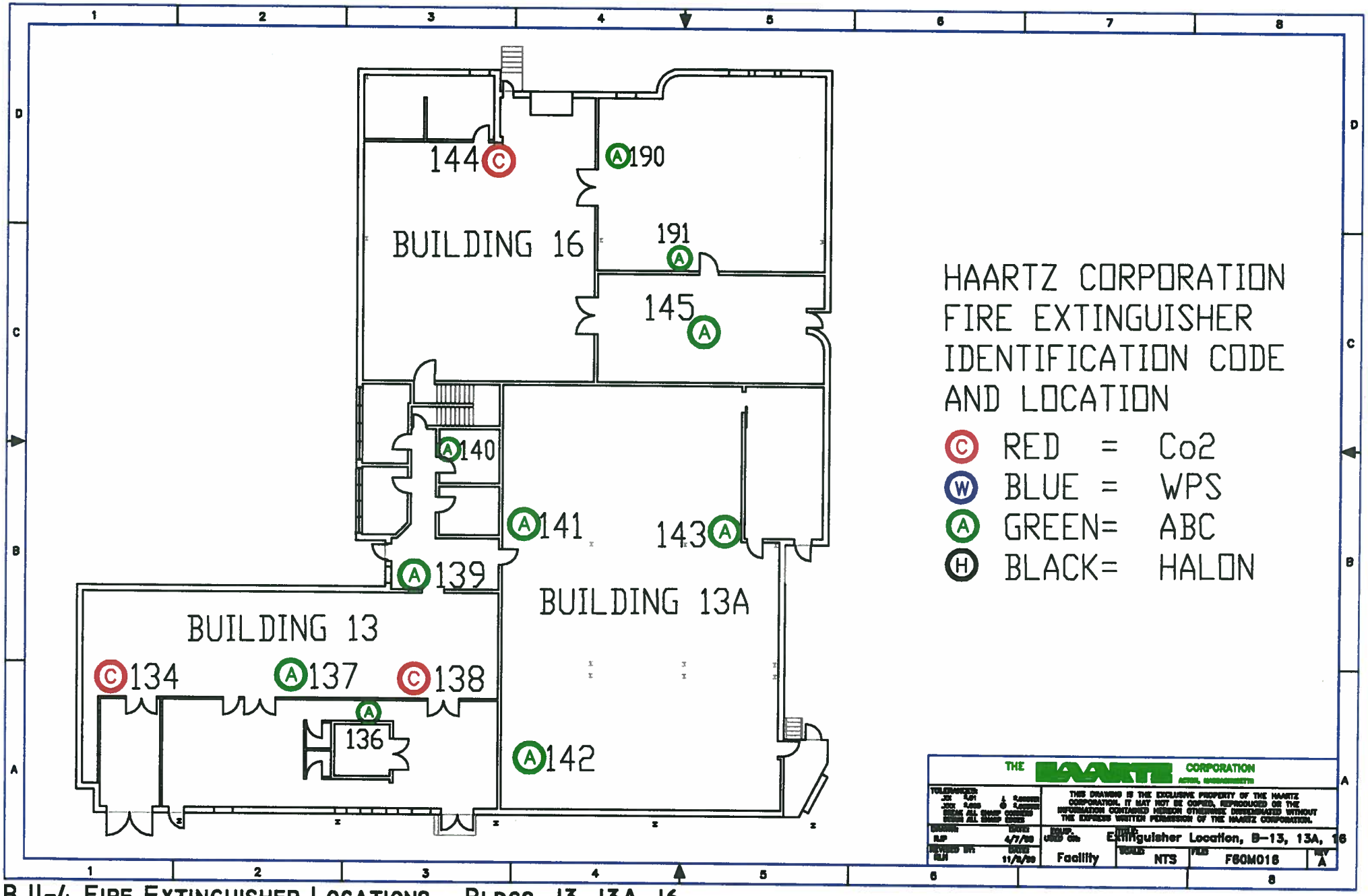
B.11-2 FIRE EXTINGUISHER LOCATIONS - BLDG. 2

11/1/04



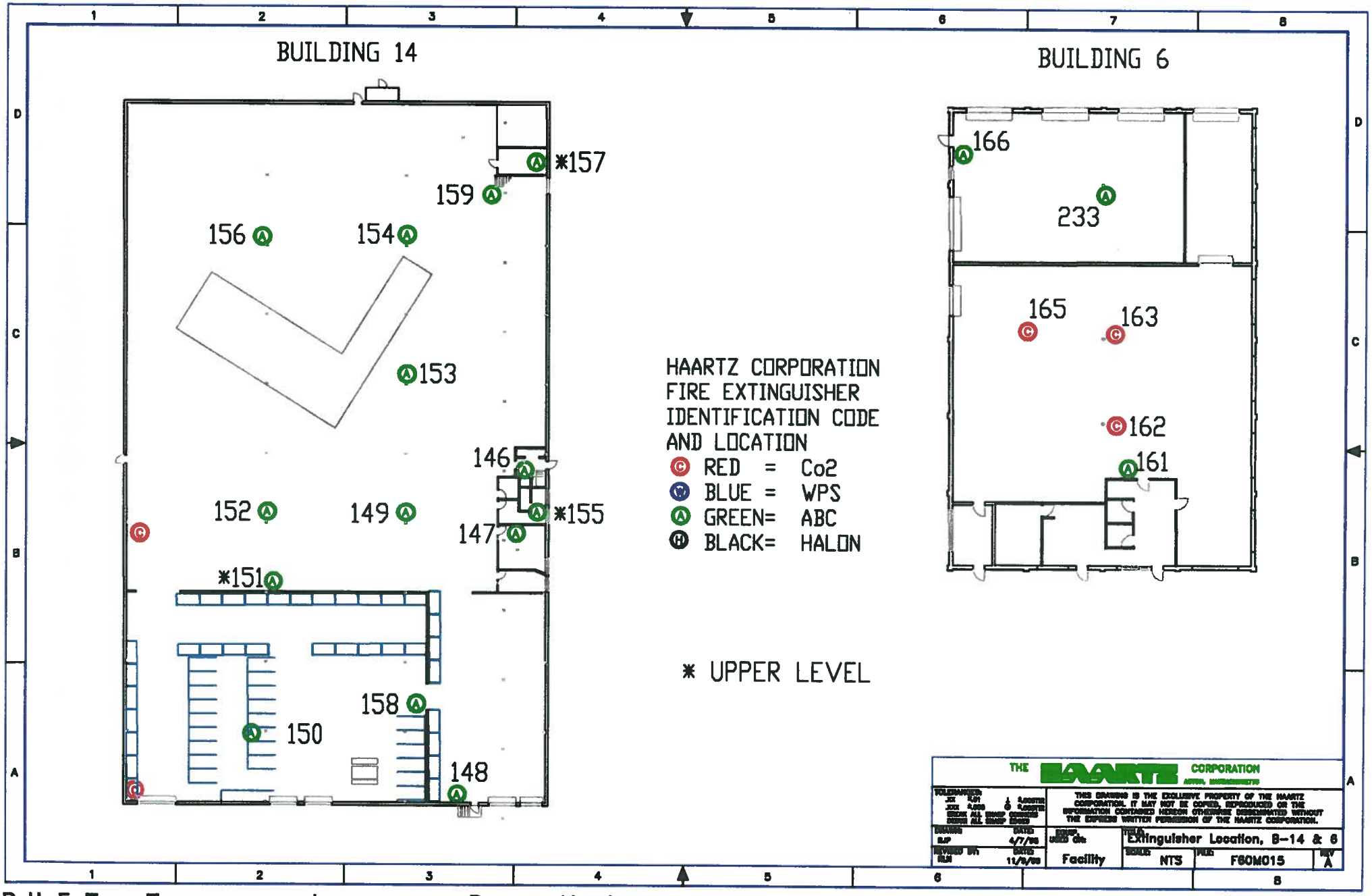
B.11-3 FIRE EXTINGUISHER LOCATIONS - BLDGS. 4, 5, 5A

11/1/04



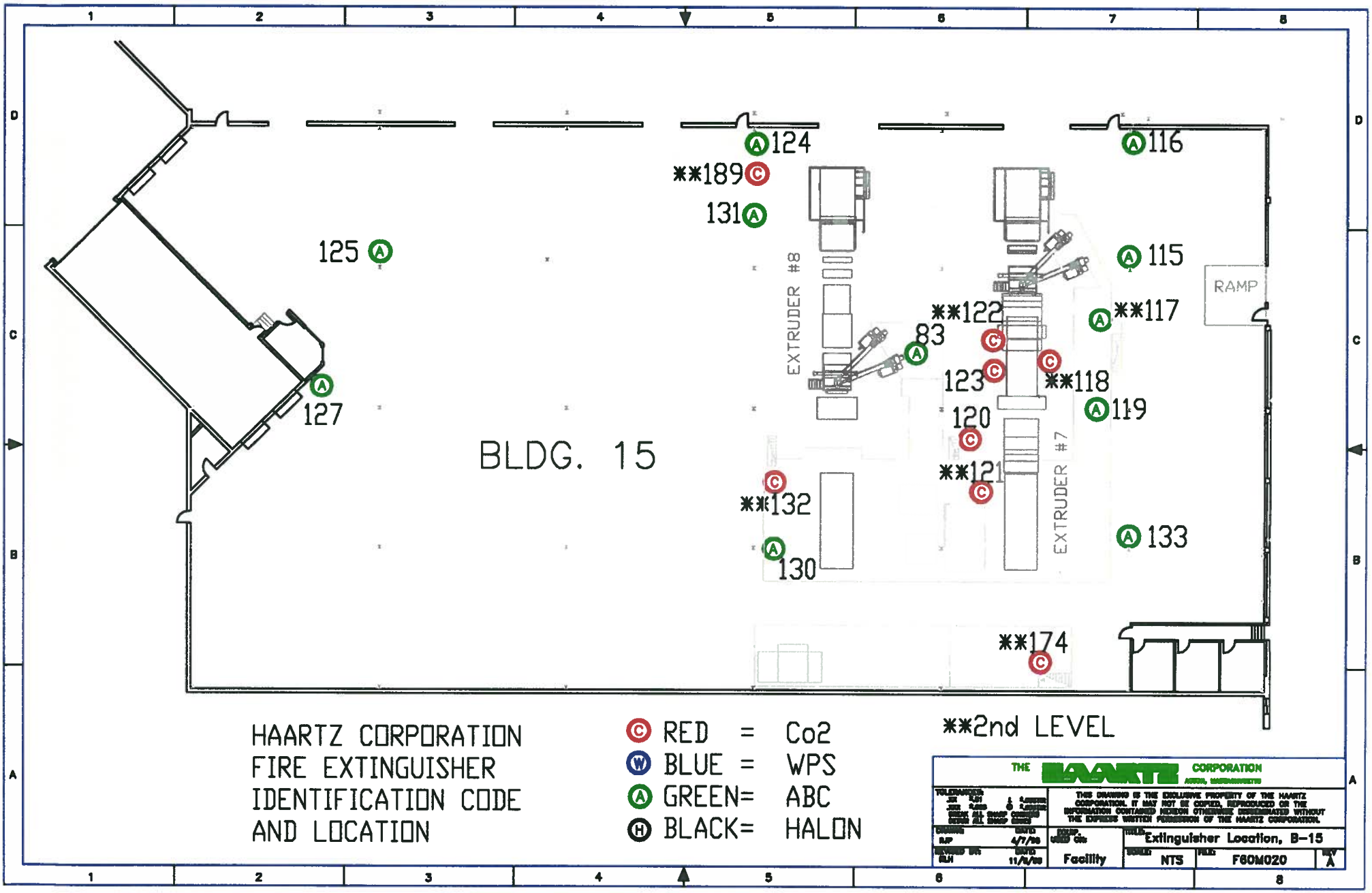
B.11-4 FIRE EXTINGUISHER LOCATIONS - BLDGS. 13, 13A, 16

11/1/04



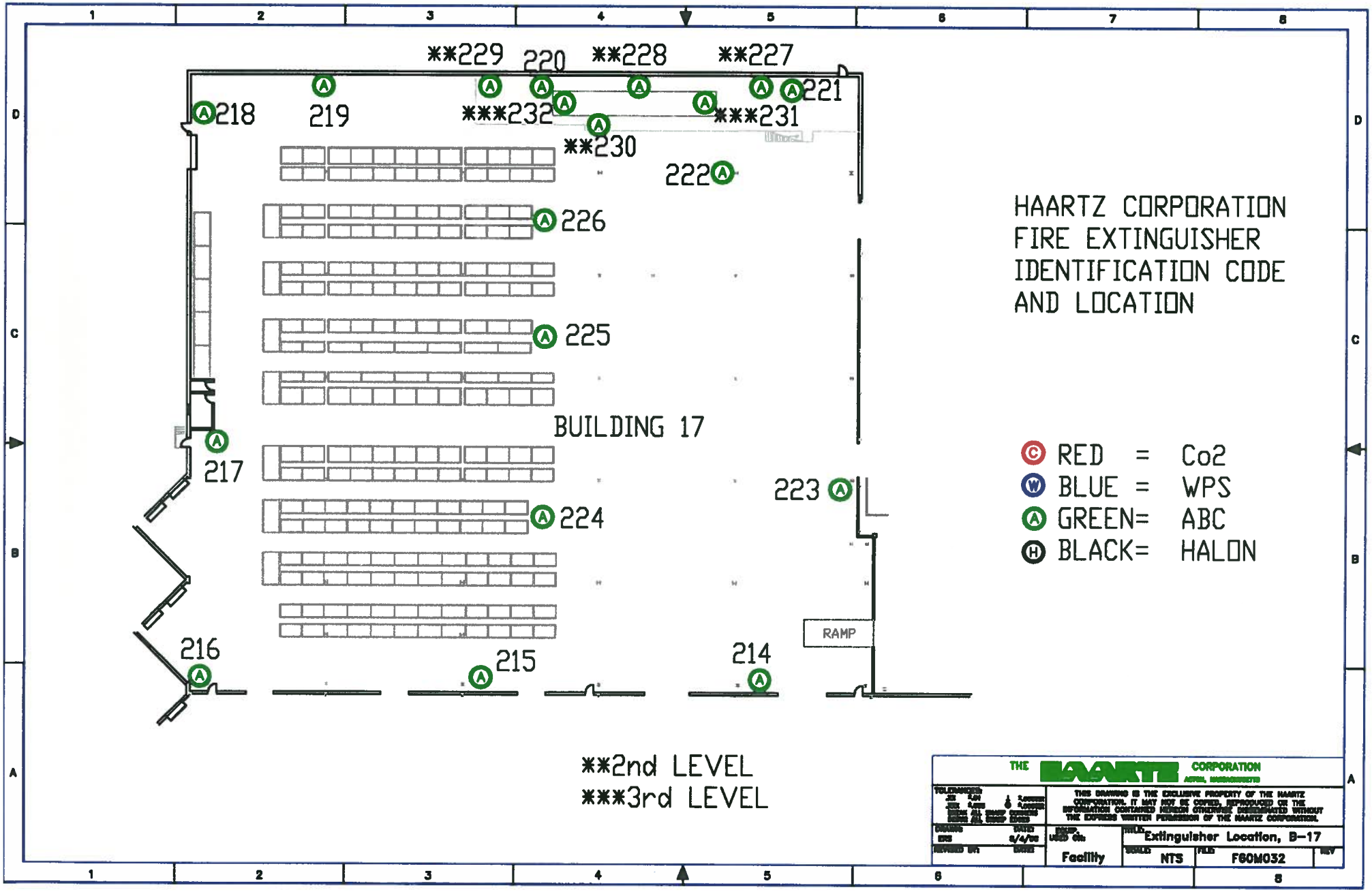
B.II-5 FIRE EXTINGUISHER LOCATIONS - BLDGS. 14, 6

11/1/04



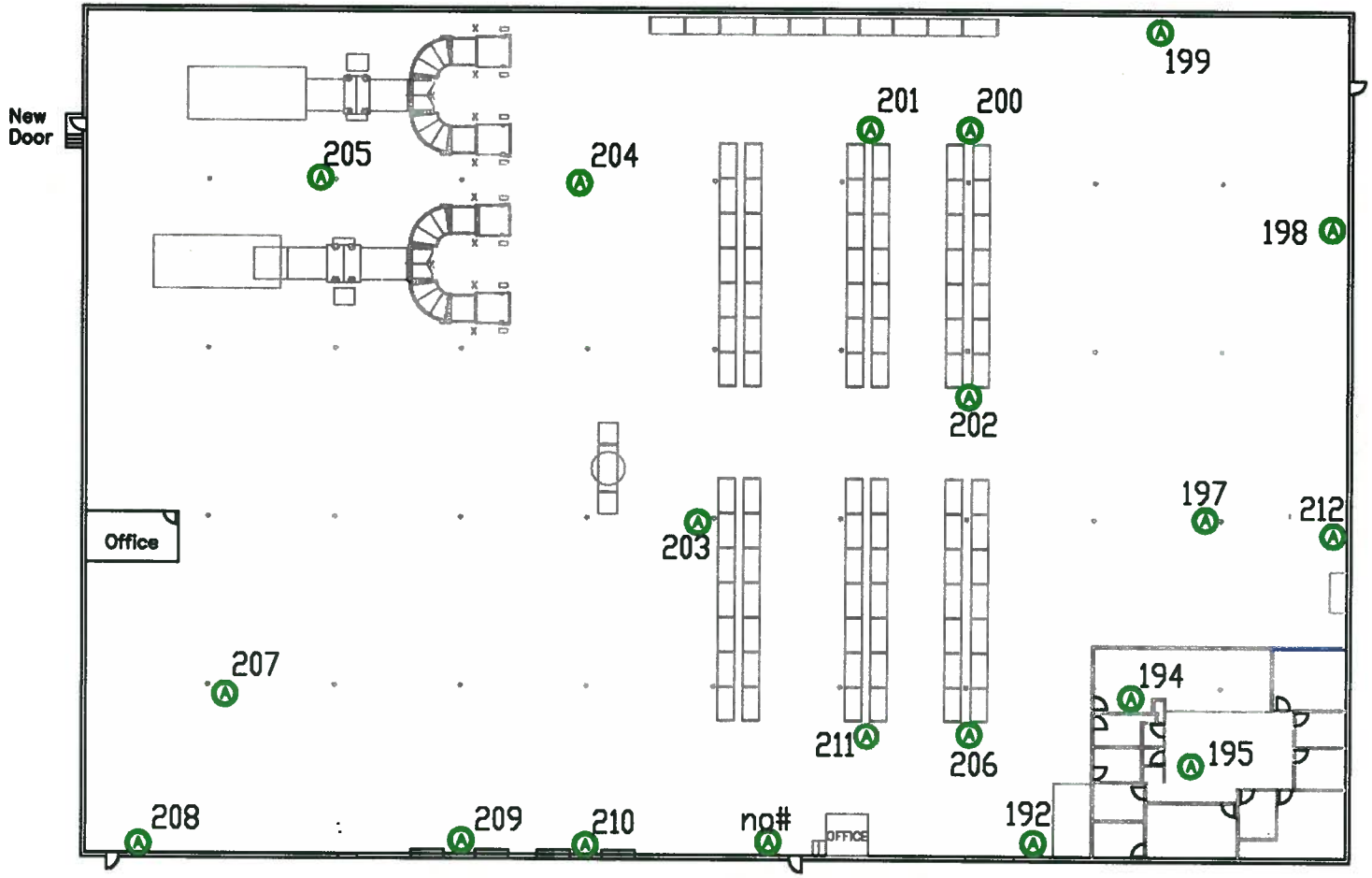
B.11-6 Fire Extinguisher Locations - Bldg. 15

11/1/04



B.11-7 Fire Extinguisher Locations - Bldg. 17

11/1/04



HAARTZ CORPORATION
FIRE EXTINGUISHER
IDENTIFICATION CODE
AND LOCATION

- RED = Co2
- BLUE = WPS
- GREEN= ABC
- BLACK= HALON

THE HAARTZ CORPORATION
ACTON, MASSACHUSETTS

TOLERANCES:
.XX ±.01 ⊥ ±.005TIR
.XXX ±.005 ⊙ ±.005TIR
BREAK ALL SHARP CORNERS
DEBUR ALL SHARP EDGES

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DRAWN:	DATE:	EQUIP. USED ON:	TITLE:		
E.STEWARD	6/3/02	FACILITY	EXTINGUISHER.LOCATIONS–CRAIG.RD.		
REVISED BY:	DATE:		SCALE:	FILE:	REV
E.STEWARD	11/1/04		NTS	B.11–8	B

B.11-8 FIRE EXTINGUISHER LOCATIONS - CRAIG RD.

11/1/04

Figure D-1

Internal Incident Report		
Incident Date:	Incident Time: am/pm	Incident No.:
Type of Incident:		
Description of Incident: (include names and quantities of materials involved; names of injured persons and extent of injuries, if any; short-term containment actions; and witnesses to the incident)		
Outside agencies notified? If yes, which one(s):		Notification date: Time: am/pm
Root Cause Determination:		
Any known or anticipated acute or chronic health risks associated with the incident:		
Assessment of actual or potential hazards to (1) public health, safety or welfare, or (2) the environment, where applicable:		
Estimated quantity and the disposition of recovered material that resulted from the incident:		
All differences between the emergency response activities actually taken and those prescribed in the *Integrated Contingency Plan* (ICP) and the reasons for each such difference:		
Proposed corrective action:		
Target completion date:	Actual completion date:	Person responsible:
Reporting employee signature:	Director of Environmental Affairs signature:	

Figure D-2

THE HAARTZ CORPORATION

Plant-Wide Incident Investigation Form

Case No._____

NOTE: This form is for INTERNAL USE ONLY and is to be completed by the supervisor ASAP following an incident.

INCIDENT HISTORY

Date:_____ Location:_____ Time:_____

Classification: ( )Close Call/Just in Case ( ) First Aid
( )Property/Equipment Damage ( )Medical Only

Lost-Time Classification: ( )Modified Duty ( )Lost Days

Name(s) of Injured/Involved:_____ Occupation(s):_____

Part(s) of Body/Plant:_____ Type of Injury/Damage:_____

Witness(es):_____

Object/Equipment/Substance inflicting Injury/Damage:_____

Person with most control of object/equipment/substance:_____

DESCRIPTION

Complete Item 1 with the injured/involved.
Complete Items 2 & 3 with the area supervisor.

1) Describe clearly how the incident occurred; be sure to tell
   a) what activity was taking place?
   b) what went wrong to make the incident happen?
   c) what were the consequences of the incident?

_____

_____

_____

_____

_____

2) Identify what unsafe act(s) or condition(s) contributed to the incident and why they exist(ed) in the workplace; be sure to tell
   a) what acts, failures to act, and/or conditions contributed most directly to this incident?
   b) what are the basic or fundamental reasons for the existence of these acts or conditions?

_____

ACCFRM.DOC *(continued on other side)* *12/4/01 9:45 AM*

_____

_____

_____

3) Describe immediate corrective action:

_____

_____

_____

PREVENTIVE ACTIVITY OPTIONS/RESOLUTION:

Describe what action(s) have or will be taken to prevent recurrence and who is/are responsible for completing the action(s). Estimate the cost, if any, and the date(s) the action(s) are to be completed.

Action to Prevent Recurrence	Assigned to	Cost (Estimate)	(Estimated) Completion Date

INVESTIGATION SIGNATURES & DATE:

Injured/Involved:_____ Supervisor:_____

Witness:_____ Manager: _____

Witness:_____ Manager: _____

Process Eng.:_____ Maint./Facilities:_____

Safety Director:_____ W/C Administrator:_____

Please return this form to the Safety Director. Completed investigations are distributed to the HR Director, and where applicable, to others and the Workers' Compensation Case File.

Distribution Date:_____

ACCFRM.DOC Document Print Date: 12/4/01 9:45 AM
New: 11/91 (BFSB) Revision #9: 12/2001 (BFSB)