John V. Glass
Vice President

Salomon Brothers

Salomon Brothers Inc
Seven World Trade Center
New York, New York 10048

212-783-6252
FAX: 212-783-2392

The City of New York

FIRE DEPARTMENT

250 LIVINGSTON STREET BROOKLYN, N.Y. 11201-5884

BUREAU OF OPERATIONS

TO: Division Commander Division 1

FROM: Donald J. Burns Chief of Operations

SUBJECT: Risk Management Plan (Ref. ABC 2-95)

DATE: 06/27/95

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BATTALION: 1

COMPANY: E 10

PREMISES NAME: SALOMON BROTHERS INC (105)

ADDRESS: 7 WORLD TRADE CTR

BOROUGH: MAN ZIP CODE: _____

The above premises shall be inspected as per ABC 2-95, utilizing the attached checklist and any instructions provided by the Toxic Substance Unit. A copy of the plan's Emergency Response Program can be provided if requested.

The completed checklist and A-8's, if applicable, shall be faxed to the Toxic Substance Unit, Bureau of Operations, Room 404, no later than July 7, 1995, FAX # (718) 694-2729.

When a copy of the Emergency Response Program is no longer needed it shall be returned to the Toxic Substance Unit via the Department bag.

Donald J. Burns
Chief of Operations

DJB/AJK/jg
COD\TSURMP2

SITE SURVEY CHECKLIST FOR INITIAL FILING OF FACILITY RISK MANAGEMENT PLANS

DATE UNIT NOTIFIED: 6/30/96

Facility Name: Salomon Brothers Inc

Address Address: 7 World Trade Ctr Man

Administrative Company E 10 Bn. 1 Div. 1

105

This checklist shall be used to conduct an inspection of the facility listed above. As per ABC 2/95 **this inspection shall be completed, and the checklist forwarded, within one week of the above date** . Any "No" answer to a question on this checklist requires an A-8 to also be forwarded, with particulars.

This inspection will assist the Toxic Substance Unit, Bureau of Operations in their evaluation of the facility's proposed Risk Management Plan which has been filed with the Department of Environmental Protection. This is an initial inspection to verify key elements of the proposed Emergency Response Program portion of the Risk Management Plan, which are of particular concern to the Fire Department.

This initial inspection is part of a developing program which may be modified to accommodate the future needs of the department. Any questions should be directed to the Toxic Substance Unit, Bureau of Operations, at (718) 694-2426.

I. EMERGENCY RESPONSE COORDINATOR:

The facility is required to designate an Emergency Response Coordinator and a Deputy Emergency Response Coordinator, one of whom is required to be on duty during normal working hours. (Note: This inspection is to be conducted during AFID. AFID periods are scheduled during normal working hours.)

A.	Has an Emergency Response Coordinator been designated?	Y☐ N☐
B.	Has a Deputy Emergency Response Coordinator been designated?	Y☑ N☐
C.	Is the Emergency Response Coordinator or Deputy Emergency Response Coordinator on duty and present during the inspection?	Y☑ N☐

II. EMERGENCY RESPONSE AGENCY CONTACT LIST:

The Emergency Response Coordinator is required to maintain an Emergency Response Agency Contact List at the facility.

A. Does the Emergency Response Coordinator maintain, at the facility, an Emergency Response Agency Contact List with the names, titles, and office/home telephone numbers of emergency response agency contacts? Y☒ N☐

(Note: The number and types of contacts listed will vary at each facility depending on the type of hazard present at each facility. Members conducting this inspection will simply verify that a list is maintained; members are not responsible for verifying the adequacy of the list.)

III. THE EMERGENCY RESPONSE PLAN:

The Emergency Response Coordinator is required to maintain a copy of the facility's Emergency Response Plan at the facility at all times. Members conducting the inspection shall ask the Emergency Response Coordinator to produce the facility's copy of its Emergency Response Plan for inspection. While conducting the site inspection, members shall use the information contained in the Emergency Response Plan to assist them in answering the following questions:

A. Is there a copy of the Emergency Response Plan available at the facility during the inspection? Y☐ N☐

B. Does the facility's copy of the Emergency Response Plan include the names, regular job titles, and business and home telephone numbers of:

1. The Emergency Response Coordinator? Y☑ N☐
2. The Deputy Emergency Response Coordinator? Y☑ N☐

C. Does the facility maintain copies of Material Safety Data Sheets (MSDS) as required by law? Y☑ N☐

D. Are the locations of the emergency response, personal protective, and mitigation equipment, as listed in the facility's Emergency Response Plan, likely to be accessible in the event of an accidental release? Y☑ N☐

E. Is this equipment likely to be undamaged and operable in the event of an accidental release? Y☑ N☐

F. Is there an audible employee alarm system present? Y☑ N☐

G. Are the facility's emergency evacuation procedures, as listed in the Emergency Response Plan, adequate for this facility? Y☑ N☐
Members must consider the following points when evaluating the facility's emergency evacuation procedures:

1. Routes and protective actions for employees who are not given response duties in the emergency response plan. OK☑

2. On-site notification procedures to identify evacuation areas. OK☑

3. Maps of primary and alternate evacuation routes. OK☑

4. Designation of primary and alternate assembly areas. OK☑

5. Procedures to account for all personnel after emergency evacuation has been completed. (Is a current list of personnel maintained in the Emergency Response Plan?) OK☑

6. Procedures for determining a safe distance from the facility and, if needed, a primary and alternate place of refuge. OK☑

7. Site security and control. OK☑

IV. DESIGNATION OF FIRE DEPARTMENT KEY BOX LOCATION:

The officer supervising the inspection shall designate the location of a Fire Departmet Key Box (accessible by FDNY 1620 Key) to be installed by the facility. When installed, this box will contain:

1. a copy of the facility's Emergency Response Plan, and
2. the names and 24 hour telephone numbers of the suppliers of the facility's extremely hazardous substances and regulated toxic substances.

The officer should select a location that will provide unimpeded fire department access to the box and its contents during non-business hours. Although the Fire Department has the authority to designate this location, the officer should consult with the facility's Emergency Response Coordinator in selecting an appropriate site.

Note: CIDS cards shall be updated to reflect the location of the Fire Department Key Box.

V. RECOMMENDATION:

☐ **RECOMMEND APPROVAL:** This facility's Emergency Response Program is in compliance with the requirements of this checklist.

☐ **RECOMMEND DISAPPROVAL:** **(A-8 to be Forwarded)** This facility's Emergency Response Program is not in compliance with the requirements of this checklist. Note: A-8 to be forwarded, with particulars of deficiencies, to: Bureau of Operations
Toxic Substance Unit
Room 404
250 Livingston Street

Officer's Name Robert D. Tran,

Officer's Signature Lt. Robert D. Tran

Unit Group Date

Battalion Chief _____

Bn. Group Date

Deputy Chief* _____

Div. Group Date

*Note: The Division is to FAX this report (and A-8, if any) to TSU at (718) 694-2729.