

<b>Oil and Gas Development Public Safety Coordination Form</b>		<b>County/Twp.:</b>	
		<b>Received by:</b> /	
		<b>Date/Time:</b> /	
<b>I. Well Site Information: (To be filled out by company and local authorities)</b>			
Well Site Name:		Latitude:	Longitude:
Well Site Address: ( <b>TO BE ASSIGNED BY LOCAL ADDRESSING OFFICAL FOR 911 USE</b> )			
State/County/Twp. Road for Well Site Access Road		Latitude:	Longitude:
Cross-Roads Nearest to Well Site Access Road:			
Transportation Routes for Well Site: (As determined by County Engineer or Local Official)			
<b>II. Company Emergency Contact Information: (To be filled out by Company)</b>			
Company Name:		24 Hour Contact Number:	
Local Company Contact/Title:		Email:	Phone:
			Cell:
<b>III. Local Emergency Response Information: (To be filled out by County Emergency Management )</b>			
<b>911-Communications Center</b>		<b>County Emergency Management Director</b>	
Point of Contact:	Maria Taylor	Point of Contact:	Phillip Keevert
Emergency Number:	740-472-1612	Phone Number:	740-472-2144
Non-Emergency Number:	740-472-1612	Address:	47069 SR 26 N
Email:		Email:	<a href="mailto:phillipKeevert@sbcglobal.net">phillipKeevert@sbcglobal.net</a>
<b>Fire Department</b>		<b>EMS</b>	
Name of Department:	Contact EMA For List	Name of Department:	Contact EMA For List
Point of Contact:		Point of Contact:	
Non-Emergency Number:		Non-Emergency Number:	
Email:		Email:	
<b>Local Police Department</b>		<b>County Sheriff's Office</b>	
Name of Department:	Woodsfield	Point of Contact:	Monroe County
Point of Contact:	Chuck Hamilton	Address:	108 West Court St
Non-Emergency Number:	740-472-5771	Non-Emergency Number:	740-472-1612
Email:		Email:	
<b>Ohio State Patrol</b>		<b>Local Health District</b>	
Point of Contact:	Post 7	Point of Contact:	Monroe County
Address:	St. Clairsville	Address:	118 Home Ave.
Non-Emergency Number:	740-695-0915	Non-Emergency Number:	740-472-1677
Email:		Email:	
<b>Hospital</b>		<b>Local School District</b>	
Name:	Contact EMA For List	Name of District:	Switzerland of Ohio
Phone Number:		Point of Contact:	Larry Elliott
Address:		Non-Emergency Number:	
Email:		Email:	

# Oil and Gas Development Public Safety Coordination Form

County/Twp.:

Well Site Name:

Date/Time: /

## IV. Special Response Requirements: (Document below any special hazards or responses)

## V. Review and Coordination:

Company has supplied the following documents with submittal:

- |  |   |
|--|---|
| <input type="checkbox"/> Site Map        | <input type="checkbox"/> MSDS Documentation |
| <input type="checkbox"/> Emergency Plans | <input type="checkbox"/> Other              |

County Emergency Management has sent checklist to:

- |   |   |
|---|---|
| <input type="checkbox"/> Company          | <input type="checkbox"/> County Departments           |
| <input type="checkbox"/> County Engineer  | <input type="checkbox"/> LEPC                         |
| <input type="checkbox"/> Local Responders | <input type="checkbox"/> Local Government Authorities |

County EMA to be the clearing house and complete checklist with a 72-96 hour turnaround.

## VI. Notes:

**Coordination Sign Off: To be signed off by all parties involved in completing/sharing information.**

Oil and Gas Company: \_\_\_\_\_

County Engineer: \_\_\_\_\_

County EMA: \_\_\_\_\_

Local Government: \_\_\_\_\_

Local Responders: \_\_\_\_\_

LEPC: \_\_\_\_\_