Emergency Episode Plan
for
Traffic Abatement

Dated: ______________

When approved by the Santa Barbara County Air Pollution Control District, this document will be your "Traffic Abatement Plan" for episodes involving photochemical oxidants (ozone), carbon monoxide or particulate matter. A Traffic Abatement Plan is required for each location employing over 100 employees per location per shift or having 50 or more fleet vehicles.

1. Name of Organization ____________________________________________________________

2. Mailing Address ________________________________________________________________

3. Location __________________________________________________________ (if different than above)

4. Nearest Cross Street ____________________________________________________________

   Telephone Number _____________________________________________________________

5. Check the type of Traffic Abatement Plan required:

   ☐ Governmental agencies, industrial, or commercial business establishments employing more than 100 persons per shift at one business address.

   ☐ Operator of 50 or more fleet vehicles.

6. General Nature of business or agency:

   __________________________________________________________

7. Working hours for day shift: _____________ a.m. to ___________ p.m.

   Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____
8a. The facility is normally

☐ open  ☐ closed

on a major national holiday.

8b. Number of Employees:

<table>
<thead>
<tr>
<th></th>
<th>Day Shift</th>
<th>Second Shift</th>
<th>Third Shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Weekday:</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Major National Holiday:</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>

9. Motor Vehicle Data

A. Employees Commuting:

(1) Normal Weekday

a. # of vehicles driven: _____  _____  _____

b. Total miles driven by all vehicles, one way: _____  _____  _____

(2) Major National Holiday

a. # of vehicles driven: _____  _____  _____

b. Total miles driven by all vehicles, one way: _____  _____  _____

B. Company Business:

(1) Normal Weekday

<table>
<thead>
<tr>
<th></th>
<th>Day Shift</th>
<th>Second Shift</th>
<th>Third Shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of gasoline powered vehicles driven:</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>

b. Total miles driven by gasoline powered vehicles: _____  _____  _____
c. Number of diesel powered vehicles driven: ______  ______  ______  ______

d. Total miles driven by diesel powered vehicles: ______  ______  ______  ______

(2) Major National Holiday

a. Number of gasoline powered vehicles driven: ______  ______  ______  ______

b. Total miles driven by gasoline powered vehicles: ______  ______  ______  ______

c. Number of diesel powered vehicles driven: ______  ______  ______  ______

d. Total miles driven by diesel powered vehicles: ______  ______  ______  ______

C. Minimum number of motor vehicles that must be operated to protect the public health or safety.

(1) Employee Commuting __________

(2) Company Business __________

10. Traffic Abatement Plan

A. First-Stage Episode Actions:

(1) Employees will be requested to utilize voluntary car pools. Methods used to encourage the establishment of permanent voluntary car pools are:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
(2) Other methods to be used to reduce employee motor vehicle travel are:

_________________________________________________________________________________
_________________________________________________________________________________

It is expected that the first stage actions will reduce employee vehicle miles driven by a total of ______ miles per day ONE WAY.

B. Second-Stage Episode Actions:

(1) For commercial, industrial, and business operations:

a. In the event of a predicted second-stage episode, the following measures will be implemented to reduce the number of vehicle miles driven by employees going to and from work.

_________________________________________________________________________________
_________________________________________________________________________________

It is expected that the second stage actions will reduce employee vehicle miles driven by a total of ______ miles per day ONE WAY.

C. Third-Stage Episode Actions:
(The goal is to discontinue all driving except that essential for public health and safety.)

(1) In the event of a predicted third-stage episode this facility will operate as though the day were a national holiday.

☐ YES  ☐ NO

If NO is checked please explain on an attached sheet.

(2) If you normally operate on a national holiday explain the action you will take to reduce motor vehicle travel by employees and fleet operations.

(3) It is expected that employee vehicle miles driven in commuting will be reduced by a total of ______ miles per day, ONE WAY.

(4) It is expected that gasoline powered fleet vehicle mileage will be reduced by ______ miles per day.
11. The Stage 2 and 3 reductions in miles driven by employees commuting to work are based on:

A survey of employees by our organization.

Data provided by

12. Measures used to brief employees about Emergency Episodes:

☐ Employees given memo explaining Air Pollution Episode Actions (car pooling, public transportation use, etc.)

☐ Company newspaper with article explaining importance of Air Pollution-Episode Actions.

☐ Letter mailed to employees explaining importance of Air Pollution Episode Actions.

☐ Immediate supervisor explained importance of Air Pollution Episode Actions.

☐ Other (explain) ________________________________

13. Measures used to notify employees when an Episode is declared:

☐ Announcement will be made over public address system.

☐ Immediate supervisor will inform employees.

☐ A printed sign will be placed at exit, or time clock, or at any conspicuous location announcing episode declaration.

☐ Other
14. The following Company officials will be responsible for receiving notification from the Santa Barbara County Air Pollution Control District and will be responsible for initiating company curtailment actions.

**Air Pollution Episode Plan Coordinator:**

Name ___________________________ Alternate ___________________________

Office Telephone ___________________ Telephone _______________________

**Company Officer**

Signature __________________________

Name _______________________________

Title _______________________________

Business Address: ________________________________

_________________________________________

(if same address as Page 1, do not fill in)

Approved by the Santa Barbara County
Air Pollution Control District

By: _____________________________

(signature)

Title: _______________________________

Date: _______________________________

**NOTE:** Federal regulations require that a copy of the approved emergency plan shall be on file and readily available on the premises to any person authorized to enforce the provisions of this section.