N60258.000772
NSY LONG BEACH
SSIC # 5090.3

12. COMMUNITY RELATIONS PLAN REVIEWER'S CHECKLIST

DRAFT FINAL DATE _____
NAME OF SITE:_____

REVIEWER(S):_____ _____

1. Is the organization of the plan clearly presented in a table of contents and introductory paragraph?
Pages _____ YES NO

2. Is the purpose of the plan stated?
Page _____ YES NO

3. Does the plan state which agencies have responsibility or oversight for public participation activities?
Page _____ YES NO

4. Does the plan describe how information was obtained?
Page _____ YES NO

5. Is there a list of people who were interviewed to obtain the information in the plan?
Page _____ YES NO

6. Are public participation activities listed in a matrix format, indicating which activity corresponds with each technical milestone?
Page _____ YES NO

7. Does the plan have a history or background section?
Page _____ YES NO

8. Does the community background section include a site description with area and site maps?
Page _____ YES NO

9. Does the plan describe the history of community interest and involvement in the site?
Page _____ YES NO

10. Does the plan identify potential issues and community concerns?
Page _____ YES NO

11. Are the objectives of the public participation program described in the plan?
Page _____ YES NO

12. Are these objectives based on the issues and community concerns identified in the plan?
Page _____ YES NO

13. Does the plan describe for each objective the public participation technique to be used and the purpose of h technique?
age _____ YES NO

14. Is there a list of recommended locations near the site for information repositories?
Page _____ YES NO

15. Does the plan address all the requirements of California Health and Safety Code Sections 25356.1(d) and 25358.7?
Page ___ YES NO

a. Circulate the draft RAP for 30 days for public review and comment.
Page _____ YES NO

b. Develop a mailing list that, at the minimum, includes contiguous property owners and local and state agencies, and requires they be notified by direct mail of actions proposed in the draft RAP.
Page _____ YES NO

c. Publish a notice of draft RAP availability for public review in a newspaper of general circulation in the affected area.
Page _____ YES NO

d.Post notices in locations of proposed removal or remedial actions.
Page _____ YES NO

e. Hold one or more public meetings on the draft RAP.
Page _____ YES NO

f. Based on public comment, revise draft RAP if appropriate and respond to comments.
Page _____ YES NO

16. Has a mailing list of key contact people been compiled for the site (in the Appendix)?
Page _____ YES NO

17. Are any followup actions required?
Page _____ YES NO

18. What is your overall assessment of this plan (identify problems, strong points, unresolved issues)?

SAMPLE SIGNATURE PAGE
FINAL PUBLIC PARTICIPATION PLAN

i

NAME OF SITE/FACILITY
ADDRESS

_____
PPS Signature Approval

_____
Date

EXECUTIVE BRANCH

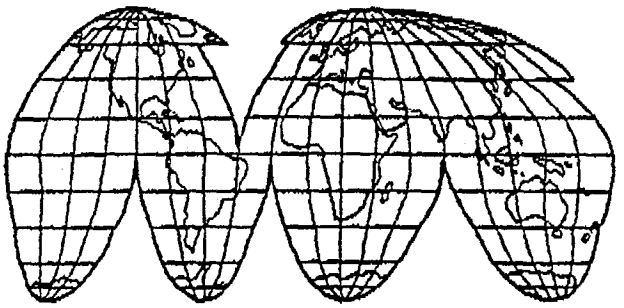
TELEFAX TRANSMITTAL FORM
STATE OF CALIFORNIA
DEPARTMENT OF TOXIC SUBSTANCES CONTROL
Region 4 - Long Beach
245 West Broadway, Suite 350
Long Beach, CA 90802
(310) 590-4864 / (CALNET) 8-635-4864

DATE: 5/14/93 NO. OF PAGES (Including Cover) 4

TO: Duane Rollefson CONTACT NO.: (310) 547-6291

FROM: Claire Lebe CONTACT NO.: (310) 590-4945

Executive Office
___ - Pollution Prevention
___ - Public Participation
___ Public Information Office
___ Site Mitigation Branch
Hazardous Waste Management
___ - Facility Permitting Branch
___ - Surveillance & Enforcement Branch
___ Administrative Support Branch



SUBJECT: Public Participation Plan Review

COMMENTS: Duane - Here's some more info. to assist with review of the CRP or PPP

___ URGENT/ HAND CARRY ___ PER YOUR REQUEST

___ CONFIDENTIAL ___ PLEASE COMMENT

✓ INFORMATION ___ ORIGINAL WILL/WILL NOT FOLLOW

Telefax No.: (310) 590-4936 or CALNET 8-635-4936

Confirmation No.: (310) 590-4864 or CALNET 8-635-4864