

2026 LEPC Report

Please be sure to fill in each actual fillable field accurately. Using the fields helps process the information provided. If you have any questions, concerns, or need assistance with filling out this form, please reach out to MTSERC@mt.gov.

Jurisdiction: _____

Name of your LEPC Chairperson: _____

Chairperson phone: _____

Chairperson email: _____

Is the LEPC Chairperson the public point of contact for hazmat and tier II reporting?

___ Yes ___ No*

*If not, who is the public point of contact? _____

Phone: _____ Email: _____

How many times did your LEPC meet (or will meet if submitting prior to Sept. 30) between Oct. 1, 2025 and Sept. 30, 2026? _____

LEPCs are required to keep records of membership and meeting activities available upon request. Do you maintain these documents?

___ Yes ___ No

LEPCs are required to keep records of hazardous materials in their communities and make that information available upon request. Do you obtain and maintain these documents regularly? Do you have a process in place for distributing this information upon request?

Documents obtained and stored regularly?

___ Yes ___ No

Information Sharing Process?

___ Yes ___ No

LEPCs are required to have a hazardous materials response plan that incorporates the 9 planning elements outlined in EPCRA. They should also review those plans annually and have MT DES, the administrator of the SERC, review them annually. How many of the 9 planning elements does your plan incorporate? Are you reviewing your plan annually and/or having it reviewed by the SERC annually?

of Planning Elements

Plans Reviewed annually?

___ Yes ___ No

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Local jurisdictions are required by MCA to designate a Local Emergency Response Authority (LERA) for hazmat incidents. Has your jurisdiction designated a LERA? If so, who is it?

___ Yes ___ No

Name/Agency: _____

Considering membership over the last year, check the sectors represented by at least one person on your jurisdiction's LEPC. For each sector checked, list one name of a representative from that category.

	Elected Local Officials	Name:	
	Fire	Name:	
	Public Health	Name:	
	Emergency Management	Name:	
	Law Enforcement	Name:	
	Community Group	Name:	
	Hospital	Name:	
	Industry	Name:	
	Transportation (public works)	Name:	
	Environmental	Name:	
	Broadcast & Print Media	Name:	
	Emergency Medical Services	Name:	

Other sectors which are members of your LEPC (check all that apply):

	Flood Plain Managers		Public Transit
	Schools		National Weather Service
	Electric Utilities		National Guard
	Other Public Utilities		Members of the Public
	Dispatch (911)		Local or Regional Water District
	Other		Other

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Does your LEPC currently utilize E-Plan to accept Tier II reporting? Information on E-Plan can be found here: <https://deq.mt.gov/twr/Programs/epcra>

____ Yes

____ No

____ Unsure

Describe any challenges or barriers associated with membership recruitment and retention:

Please share any success and/or challenges your LEPC had in the past year:

Complete this form by saving a blank copy to your computer first and then entering the data fields. Save the completed form again to your computer. Send completed form as an attachment to mtdesprep@mt.gov by **November 1, 2026**.