

HAZARDOUS MATERIALS INCIDENT WORKSHEET

OPENING SEEO _____

STATE INCIDENT NUMBER _____

1) DATE AND TIME OPENED DATE AND TIME OF OCCURRENCE

_____/_____/_____/_____
mo. day yr. time

_____/_____/_____/_____
mo. day yr. time

2) REPORTING R/P COMPANY/ R/P CALLBACK
PARTY NAME: _____ AGENCY NAME: _____ PHONE NUMBER: _____
Area Code (206) (253) (360) (425) (509) ()

CHECK IF THIS IS AN NRC REPORT ONLY. NRC REPORT # _____ ATTACHED.

3) R/P ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

4) BRIEF DESCRIPTION OF SITUATION: _____

5) INCIDENT LOCATION: _____ CITY/COUNTY: _____

6) WHAT IS THE MATERIAL (USE EXACT SPELLING) _____

7) HOW WAS MATERIAL TOTAL QUANTITY [] pounds [] cubic feet
CONTAINED/PACKED: _____ QUANTITY: _____ RELEASED: _____ [] gallons [] _____

8) AGENCIES NOTIFIED/ON SCENE/RESPONDING:
[] Fire [] Police [] Sheriff [] WSP [] WDOE [] USCG [] USEPA [] DOT [] OTHER _____

9) IS MATERIAL PETROLEUM **AND** MORE THAN 100 GALLONS? (diesel, hydraulic, gasoline, oil, etc) [YES] [NO] [UNK]

10) IS HUMAN HEALTH/SAFETY AFFECTED? [YES] [NO] [UNK]

11) IS GROUND OR SURFACE WATER AFFECTED? [YES] [NO] [UNK]

===== **SARA TITLE III** =====

1) THIS IS AN EMERGENCY RELEASE REPORT
THIS IS A CONTINUOUS RELEASE REPORT

2) DATE(S) RELEASE BEGAN: _____ | _____ TIME (S) _____ | _____ DURATION: _____ (minutes/hours)
Date Began / Date Ended Time Began / Time Ended

3) SUBSTANCE: _____ AMOUNT RELEASED: _____

4) IS IT ON LIST (Section 302a)? (As determined by Reporting Party) [YES] [NO] MINIMUM QUANTITY FOR REPORTING: _____

5) ENVIRONMENT: (air, water, ground, etc) _____ AIR FLOW DIRECTION: FROM _____ TO _____

6) ARE THERE INDIVIDUALS EXPOSED TO THIS RELEASE ON OR OFF SITE: [YES] [NO] EXPLAIN: _____

7) CAUSE OF RELEASE: _____

8) POSSIBLE HEALTH RISKS: _____ INJURIES? _____

9) APPROPRIATE PRECAUTIONS: _____

10) WILL THE RELEASE AFFECT GROUND/SURFACE WATERS OR ANY OTHER ENVIRONMENTAL AREAS? _____

11) CONTINUOUS RELEASE PRODUCTS: _____

