

Jackson County LEPC - Sample Spill Reporting Form

SPILL OR RELEASE REPORT

NOTE: Some regulations require a specific form to use and procedures to follow when reporting a release. Those forms and procedures **MUST** be used and followed if reporting under those regulations. This report form is to aid persons reporting releases under regulations that do not require a specific form. This report form is not required to be used. Some spill and release events must be reported immediately to the National Response Center, Mississippi Emergency Management Agency, Mississippi Department of Environmental Quality, the Local Emergency Planning Committee and the Fire Department having Jurisdiction. The Jackson County Emergency Management takes call for the LEPC during work hours and the E911 Center takes calls after hours. When in doubt, call 911 or 1-800-424-8802 (National Response Center)

Please print or type all information.

NAME AND TITLE OF PERSON SUBMITTING WRITTEN REPORT			TELEPHONE NUMBER (provide area code)			
NAME OF BUSINESS		RELEASE LOCATION (provide address if different than business, if known, and give directions to the spill location. Include nearest highway, town, road intersection, etc.)				
STREET ADDRESS						
CITY	STATE					ZIP CODE
BUSINESS TELEPHONE NUMBER (provide area code)						
SITE IDENTIFICATION NUMBER AND OTHER IDENTIFYING NUMBERS (if applicable)			COUNTY	City/Town	TIER/RANGE/SECTION (if known)	

RELEASE DATA. Complete all applicable categories. Check all the boxes that apply to the release. Provide the best available information regarding the release and its impacts. Attach additional pages if necessary.

DATE & TIME OF RELEASE (if known) ____/____/____ _____am/pm	DATE & TIME OF DISCOVERY ____/____/____ _____am/pm	DURATION OF RELEASE (if known) _____ days _____ hours _____ minutes	TYPE OF INCIDENT <input type="checkbox"/> Explosion <input type="checkbox"/> Fire <input type="checkbox"/> Leaking container <input type="checkbox"/> Loading/unloading release	<input type="checkbox"/> Pipe/valve leak or rupture <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Other _____
MATERIAL RELEASED (Chemical or trade name) <input type="checkbox"/> CHECK HERE IF ADDITIONAL MATERIALS LISTED ON ATTACHED PAGE.		CAS NUMBER or HAZARDOUS WASTE CODE	ESTIMATED QUANTITY RELEASED (indicate unit e.g. lbs, gals, cu ft or yds)	PHYSICAL STATE RELEASED (indicate if solid, liquid, or gas)

FACTORS CONTRIBUTING TO RELEASE		SOURCE OF LOSS	
<input type="checkbox"/> Equipment failure	<input type="checkbox"/> Training deficiencies	<input type="checkbox"/> Container	<input type="checkbox"/> Ship
<input type="checkbox"/> Operator error	<input type="checkbox"/> Unusual weather conditions	<input type="checkbox"/> Railroad car	<input type="checkbox"/> Tank
<input type="checkbox"/> Faulty process design	<input type="checkbox"/> Other _____	<input type="checkbox"/> Pipeline	<input type="checkbox"/> Tanker

TYPE OF MATERIAL RELEASED	MATERIAL LISTED ON or DEFINED BY	IMMEDIATE ACTIONS TAKEN
<input type="checkbox"/> Agricultural: manure, pesticide, fertilizer <input type="checkbox"/> Chemicals <input type="checkbox"/> Flammable or combustible liquid <input type="checkbox"/> Hazardous waste <input type="checkbox"/> Liquid industrial waste <input type="checkbox"/> Oil/petroleum products or waste <input type="checkbox"/> Salt <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____	<input type="checkbox"/> CAA Section 112(r) list (40 CFR Part 68) <input type="checkbox"/> CERCLA Table 302.4 (40 CFR Part 302) <input type="checkbox"/> EPCRA Extremely Hazardous Substance (40 CFR Part 355) <input type="checkbox"/> RCRA hazardous waste <input type="checkbox"/> liquid industrial waste <input type="checkbox"/> Unknown <input type="checkbox"/> Other list _____	<input type="checkbox"/> Containment <input type="checkbox"/> Dilution <input type="checkbox"/> Evacuation <input type="checkbox"/> Hazard removal <input type="checkbox"/> Neutralization <input type="checkbox"/> System shutdown <input type="checkbox"/> Diversion of release to treatment <input type="checkbox"/> Decontamination of persons or equipment <input type="checkbox"/> Monitoring <input type="checkbox"/> Other _____

RELEASE REACHED	Distance from spill location to surface water, in feet _____
<input type="checkbox"/> Surface waters (include name of river, lake, drain involved) _____	
<input type="checkbox"/> Drain connected to sanitary sewer (include name of wastewater treatment plant and/or street drain, if known) _____	
<input type="checkbox"/> Drain connected to storm sewer (include name of drain or water body it discharges into, if known) _____	
<input type="checkbox"/> Groundwater (indicate if it is a known or suspected drinking water source and include name of aquifer, if known) _____	

EXTENT OF INJURIES, IF ANY _____	WAS ANYONE HOSPITALIZED? <input type="checkbox"/> Yes NUMBER _____ HOSPITALIZED: _____ <input type="checkbox"/> No	TOTAL NUMBER OF INJURIES TREATED ON-SITE: _____
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DESCRIBE THE INCIDENT, THE TYPE OF EQUIPMENT INVOLVED IN THE RELEASE, HOW THE VOLUME OF LOSS WAS DETERMINED, ALONG WITH ANY RESULTING ENVIRONMENTAL DAMAGE CAUSED BY THE RELEASE. IDENTIFY WHO IMMEDIATELY RESPONDED TO THE INCIDENT (own employees or contractor — include cleanup company name, contact person, and telephone number). ALSO IDENTIFY WHO DID FURTHER CLEANUP ACTIVITIES, IF PERFORMED OR KNOWN WHEN REPORT SUBMITTED

CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE

ESTIMATED QUANTITY OF ANY RECOVERED MATERIALS AND A DESCRIPTION OF HOW THOSE MATERIALS WERE MANAGED (include disposal method if applicable)

CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE

ASSESSMENT OF ACTUAL OR POTENTIAL HAZARDS TO HUMAN HEALTH (include known acute or immediate and chronic or delayed effects, and where appropriate, advice regarding medical attention necessary for exposed individuals.)

CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE

NATIONAL RESPONSE CENTER NOTIFIED:
INITIAL CONTACT BY: Telephone Fax Email Other
DATE/TIME INITIAL CONTACT: _____

MISSISSIPPI EMERGENCY MANAGEMENT AGENCY QUALITY NOTIFIED:
INITIAL CONTACT BY: Telephone Fax Email Other
DATE/TIME INITIAL CONTACT: _____

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY NOTIFIED:
INITIAL CONTACT BY: Telephone Fax Email Other
DATE/TIME INITIAL CONTACT: _____

LEPC QUALITY NOTIFIED:
INITIAL CONTACT BY: Telephone Fax Email Other

OTHER ENTITIES NOTIFIED:

	Date:
<input type="checkbox"/> National Response Center (NRC): 800-424-8802	_____
<input type="checkbox"/> US Coast Guard Office:	_____
<input type="checkbox"/> US Department of Transportation	_____
<input type="checkbox"/> US Environmental Protection Agency	_____
<input type="checkbox"/> 911 (or primary public safety answering point)	_____
<input type="checkbox"/> Local Fire Department	_____
<input type="checkbox"/> Local Police and/or State Police	_____
<input type="checkbox"/> Local Emergency Planning Committee	_____
<input type="checkbox"/> State Emergency Response Commission	_____

PERSON CONTACTED & PHONE NUMBER:

DATE WRITTEN REPORT SUBMITTED	SIGNATURE OF PERSON SUBMITTING WRITTEN REPORT
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