

Cuyahoga County LEPC Spill Incident Report

Company Name: _____	Phone: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Name of Person Making Report: _____ Phone: _____	
Title: _____	Email: _____
Facility Emergency Coordinator: _____ Phone: _____	
Title: _____	
Incident Location and/or Address: _____	
City: _____	
Longitude: _____	Latitude: _____ or Coordinate Number: _____

Organizations Notified, With Date & Time of Notification:

*Cuyahoga County LEPC	Date: _____	Time: _____	
*Ohio SERC	Date: _____	Time: _____	
*Fire Department	Date: _____	Time: _____	
NEORS or Sewer Dept.	Date: _____	Time: _____	
*National Response Center	Date: _____	Time: _____	
Police Department	Date: _____	Time: _____	
Other _____	Date: _____	Time: _____	
Responding Agencies: _____			

If Company failed to notify the above 4 (*) Agencies, who did? _____

Name/Title of Company Official that was first aware of the Release: _____
Date: _____ Time: _____

Date and Time of Incident: _____ When Discovered: _____

OEPA Incident Number: _____ NRC Incident Number: _____

Chemical Name(s): *Attach additional sheets if needed*

A. _____	CAS # _____	Qty. in lbs. _____	
B. _____	CAS # _____	Qty. in lbs. _____	
C. _____	CAS # _____	Qty. in lbs. _____	

RQ EHS No Yes
RQ CERCLA No Yes
RQ OIL No Yes
RQ CAA No Yes
Other _____

DOT CLASSIFICATION(S):

<input type="checkbox"/> Class 1- Explosives	<input type="checkbox"/> Class 6-Toxic Materials
<input type="checkbox"/> Class 2- Gases	<input type="checkbox"/> Class 7-Radioactive Materials
<input type="checkbox"/> Class 3- Flammable liquid	<input type="checkbox"/> Class 8- Corrosive Materials
<input type="checkbox"/> Class 4- Flammable Solids	<input type="checkbox"/> Class 9-Misc. Dangerous Goods
<input type="checkbox"/> Class 5-Oxidizers	

DURATION OF RELEASE:

Date: _____
Start Time: _____ End Time: _____
Total Duration Hours: _____ Minutes: _____

PHYSICAL STATE:

Solid
 Liquid
 Gas

SDS AVAILABLE:

No
 Yes

RESPONSE ACTIONS TAKEN:

- Containment (Amt.) _____
- Dilution/Neutralization (Amt.) _____
- Hazard Removal
- Decontamination of Persons/Equipment
- Evacuation
- Diversion of Release to Treatment
- System Shut Down
- Monitoring (Type) _____
- Other _____

DESCRIBE ACTION TAKEN: _____

Amount waste recovered: _____ gallons pounds

Clean-up waste destination: _____

TSDF name: _____

Address: _____

NUMBER OF INJURIES:

Emergency Responders _____ Facility Employee _____ Other _____

NUMBER OF FATALITIES:

Emergency Responders _____ Facility Employee _____ Other _____

TYPE OF EXPOSURE:	NO	YES	POTENTIAL HEALTH AFFECTS (CITE SOURCE)
1. Inhalation	<input type="checkbox"/>	<input type="checkbox"/>	1. Acute: _____
2. Skin Contact	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Eye Contact	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Ingestion	<input type="checkbox"/>	<input type="checkbox"/>	2. Chronic: _____
5. Injection	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Other Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	_____
Describe: _____			

Advice regarding medical attention of exposed individuals: _____

EVACUATION: No Yes # of Evacuees _____

Type of Evacuation: Facility Community Exposed Business

Approximate Area Evacuated (Attach map if needed) _____

INCIDENT/CONSEQUENCES:

- 1. Spill: No Yes How Detected? _____
- 2. Fire: No Yes How Detected? _____
- 3. Explosion: No Yes
- 4. Vapor Gas Dispersion to Air off site: No Yes Distance _____
- 5. Vapor Gas Dispersion Confined to Structure: No Yes
- 6. Material entered Waterway: No Yes Storm Sewer: No Yes
If Yes, Downstream Distance _____ Name _____
- 7. Material Entered Sanitary Sewer: No Yes
- 8. Material on Land: No Yes
Surface Area & Depth of Soil Contamination: _____

9. Public Warning Issued No Yes How? _____
 10. Any Off-site Monitoring Conducted? No Yes- Describe how monitored and concentration: _____
 11. Other _____

ESTIMATED COSTS:

1. Product Loss _____
 2. Facility or Carrier _____
 3. Public/Private Property _____
 4. Environmental _____
 5. Remediation Costs _____
 6. Other _____
TOTAL ESTIMATED COST: _____

WEATHER CONDITIONS:

Type of Cloud Cover: Sunny Partial Cloudy Overcast
 Wind Direction: _____ Speed: _____ How Determined? _____
 Relative Humidity: _____ Temperature: _____
 Precipitation: Rain Snow Sleet Hail
 Other _____

LAND USE TYPES:

- Industrial Residential Undeveloped
 Commercial Agricultural

VEHICLE ACCIDENT:

- No Yes

TYPE OF INCIDENT:

- Facility Transportation

IF FACILITY:

Factor(s) contributing to release (explain if necessary):

- Equipment Failure _____
 Operator Error _____
 Process Design Problem _____
 Personnel Competence (Insufficient Training) _____
 Unusual Weather Conditions _____
 Other _____

DESCRIBE THE ACTION TAKEN BY FACILITY, PRIOR TO ARRIVAL OF EMERGENCY RESPONDERS:

FACILITY ACTIVITY CONTRIBUTING TO RELEASE (explain if necessary):

- Container/Handling _____
 Piping _____
 Blending/Mixing _____
 Storage _____
 Loading/Off Loading _____

