

INCIDENT INFORMATION WORKSHEET

This worksheet should be completed by the Incident Commander, or an appointed representative, during the time of the incident. This information will be useful to emergency responders, medical personnel, government agencies, and post-incident cleanup personnel.

Incident Commander: _____ **Agency:** _____

Date & Time of Incident: ____/____/____ ____:____ am / pm (circle one)

Location of Incident: _____

Incident Number: _____ - _____

IDEM Number: _____ **NRC Number:** _____

Hazardous Material(s) Involved: _____

NAERG Information:

UN 4 Digit Number: _____ Guide Page: _____ Highlighted YES NO

UN Hazard Class _____ CAS _____

Product poses the threat of a *HAZARDOUS POLYMERIZATION*: YES NO

NOTE: If more than 1 material is involved use multiple copies of this form!!!

Hazardous Nature of Material(s) Involved (Mark all that apply): NFPA 704

- | | | | | | |
|---------------------------------------|-----------------------------------|--------------------------------------|--------------------------------|---------|-------|
| <input type="checkbox"/> Flammability | <input type="checkbox"/> Toxicity | <input type="checkbox"/> Combustible | <input type="checkbox"/> Solid | H _____ | (1-4) |
| <input type="checkbox"/> Reactivity | <input type="checkbox"/> Liquid | | <input type="checkbox"/> Gas | F _____ | (1-4) |
| <input type="checkbox"/> Corrosives | | | | R _____ | (1-4) |
| <input type="checkbox"/> Other: _____ | | | | S _____ | |

PEL _____ IDLH _____ STEL _____ LD50 _____ LC50 _____

UEL _____ LEL _____ Solubility _____ Vapor Density _____ Specific Gravity _____

Incompatibilities _____

Foam YES NO Foam Type _____ Boiling Point _____ Ignition Temp _____

Melting Point _____ Auto-Ignition _____ Flash Point _____ TLV-Ceiling _____

TLVTWA _____ TLV-Skin _____ TLV-Odor _____

Target Organ _____

Signs Symptoms of Exposure

Amount Released: _____ **lbs. / gallons** (circle one)

Is the released product contaminating, Ground, Water or Air

Type of Release:

- Slow Leak Fast Leak Under Pressure _____ psi
- Hole Tear Leaking Valve or Fitting Other _____

Location of Leak: _____

Type of Container System Involved:

- Drum Box Motor Fuel Tank Bulk Storage Tank Bulk Storage Tank
- Other: _____

Incident Description:

Name of Spiller: _____

Address: _____

Address 2: _____

City: _____ State _____ Zip _____

Contact: _____

Direct Phone: _____ Pager: _____

Name of Responsible Party on Scene: _____

Address: _____

City: _____ State _____ Zip _____

SSN: _____ Drivers License No.: _____

Home Phone: _____ Work Phone: _____

Vehicle Information: Who owns each section of the vehicle? (i.e., Tractor & Trailer)

Powered Vehicle Owner Address: _____

City: _____ State _____ Zip _____

SSN: _____ Drivers License No.: _____

Home Phone: _____ Pager: _____

Mfg.: _____ Type: _____ Color: _____

I.D. Number: _____ License No.: _____

ICC: _____ Vehicle No.: _____ Phone: _____

Insurance Carrier: _____ Phone: _____

Trailer - Owner: _____

Address: _____

City: _____ State _____ Zip _____

SSN: _____ Drivers License No.: _____

Home Phone: _____ Pager: _____

Mfg.: _____ Type: _____ Color: _____

I.D. Number: _____ License No.: _____

ICC: _____ Vehicle No.: _____ Phone: _____

Insurance Carrier: _____ Phone: _____

Clean-up Authorization Number: _____

Does **SPILLER** have clean-up/response capabilities

YES NO

Has **SPILLER** selected a Spill Clean Up Contractor

YES NO

Who Made Selection: _____

Responding Contractors:

Company Name Time Notified Time Arrived Signature of Responsibility

Company Name	Time Notified	Time Arrived	Signature of Responsibility

The signature below signifies that the spiller has entered into a contract with the named company(s) (*Contractor(s)*) to provide site clean-up.

Spiller Authorizing Clean-up, Signature: _____

Responding Agencies:

Henry County EMA (765) 521-0582

Contact Name: _____ Phone: _____

IDEM (Indiana Department of Environmental Response) (888) 233-7745

Contact Name: _____ Phone: _____

IDHS (Indiana Department of Homeland Security) (800) 669-7362

Contact Name: _____ Phone: _____

NRC (National Response Center) (800) 424-8802

Contact Name: _____ Phone: _____

IDHS (Indiana Dept. Homeland Security[Fire]) (888) 233-7745

Contact Name: _____ Phone: _____

Other:

Injury Report

Number of Persons Injured/Killed: _____

Names of Persons Injured/Killed: _____

If injured persons are being taken to the hospital, have someone call the hospital immediately so that they may set up their own decontamination system.

Evacuation/Protection-In-Place Procedures Implemented:

Location	Start Time	End Time	Notified By

Information Resources Used:

- 2004 Emergency Response Guidebook
- NIOSH Guide to Chemical Hazards
- Merck Index
- IDEM Office of Emergency Response
- CHEMTREC
- Material Safety Data Sheets
- Chemical List of Lists
- Bioterrorism, A guide for 1st Responders
- CHRIS Manual
- Field Guide to Tank Car Identification
- Janes Chem-Bio HandBook
- N&S R#R, EAP for Haz-Mat Incidents
- The FireFighters HandBook of Haz-Mat
- Fire and Explosions Hazards HandBook of Industrial Chemicals
- WMD-Special Hazards Emergency Response Reference and Guide

Other: _____

Is clean up under way: YES, Date ___/___/___ Time ___:___ NO

Is clean up complete: YES, Date ___/___/___ Time ___:___ NO

Time of Incident Termination: _____ am / pm (circle one)

Site Plan/Site Safety Plan



Haz-Mat Team Radio Freq _____ PL _____ Talk Group _____

Haz-Mat Commander _____ Call Sign _____

Safety Officer _____ Call Sign _____

Area of refuge Identified YES Entry/Exit Corridor Identified YES

Safety Meeting Held YES

Team Sheet

Team # ___; _____ **Assignment** _____

Team Leader _____

Member # ___; **Name** _____ **Suit/ID#** _____ **Color** _____ **Call Sign** _____

Start Pressure _____ On Air @ ____:____ am / pm

Exit Pressure _____ or Exit @ ____:____ am / pm

Medical, Start B/P _____, H/R _____, Resp _____, Temp _____, O₂ Sat _____

Medical, End B/P _____, H/R _____, Resp _____, Temp _____, O₂ Sat _____

Re-habilitation IN ____:____ am / pm OUT ____:____ am / pm Total _____

Exposure Yes No Exposure Type _____

Needs Medical Interventions
YES NO

Member # ___; **Name** _____ **Suit/ID#** _____ **Color** _____ **Call Sign** _____

Start Pressure _____ On Air @ ____:____ am / pm

Exit Pressure _____ or Exit @ ____:____ am / pm

Medical, Start B/P _____, H/R _____, Resp _____, Temp _____, O₂ Sat _____

Medical, End B/P _____, H/R _____, Resp _____, Temp _____, O₂ Sat _____

Re-habilitation IN ____:____ am / pm OUT ____:____ am / pm Total _____

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Medical, Start B/P _____, H/R _____, Resp _____, Temp _____, O₂ Sat _____

Medical, End B/P _____, H/R _____, Resp _____, Temp _____, O₂ Sat _____

Re-habilitation IN ____:____ am / pm OUT ____:____ am / pm Total _____

Exposure Yes No Exposure Type _____

Needs Medical Interventions
YES NO

Decontamination Required Yes No Type _____

Solution _____

Decontamination System Set-Up _____
