

STATE OF ARIZONA EMERGENCY RESPONSE AND RECOVERY PLAN ESF # 10 - HAZARDOUS MATERIALS ANNEX

APPENDIX 2

ARIZONA HAZARDOUS MATERIALS INCIDENT REPORT

CHANGE 1

2/98DELETE 2

A	AGENCY NAME	AGENCY INCIDENT NO.	AGENCY PHONE NO. () -	ADEM CONTROL NO.		
C	INCIDENT DATE (MM)____(DD)____(YY)____	TIME NOTIFIED (2400 HR)	TIME COMPLETED (2400 HR)	DATE COMPLETED / /		
B	INCIDENT ADDRESS / LOCATION		CITY	COUNTY ZIP		
D	RESPONSIBLE PARTY NAME		PHONE NO. () -	N.R.C. NO. _____		
E	WEATHER (Check best descriptor/s) 1__ CLEAR 5__ HAIL 8__ HIGH WIND 3__ RAIN 6__ ELEC.STORM 9__ OTHER 4__ SNOW 7__ FOG 0__ UNKNOWN		PROPERTY USE (Use codes on reverse) PROPERTY USE _____ SURROUNDING AREA _____ ESTIMATED TEMP _____ (Deg F) PROPERTY MANAGEMENT FEDERAL STATE COUNTY CITY PRIVATE UNKNOWN			
F	RELEASE FACTORS (Check best descriptor/s) 11__ INTENTIONAL ACT 70__ OPERATIONAL DEFICIENCY 12__ SUSPICIOUS ACT 71__ COLLISION/OVERTURN 30__ FAILURE TO CONTROL HAZMAT 80__ NATURAL CONDITION 31__ ABANDONED 94__ FIRE/EXPLOSION 40__ MISUSE OF HAZMAT 98__ NO RELEASE 50__ MECHANICAL FAILURE 99__ OTHER _____ 60__ DESIGN CONSTRUCTION INSTALLATION DEFICIENCY 00__ UNDETERMINED	TYPE OF EQUIPMENT INVOLVED 10__ HEATING SYSTEMS 30__ AIR CONDITIONING/REFRIG. 77__ CHEM.PROCESSING EQUIP 78__ WASTE RECOVERY EQUIP 96__ HAZMAT TRANSFER EQUIP 97__ VEHICULAR FUEL SYSTEM 98__ NO EQUIP.INVOLVED 99__ OTHER _____ 00__ UNDETERMINED	MOBILE PROPERTY TYPE 10__ PASSENGER VEH/ROAD 20__ FREIGHT VEH/ROAD 30__ RAIL TRANSPORT VEHICLE 40__ WATER TRANS. VESSEL 50__ AIR TRANSPORT VESSEL 60__ HEAVY EQUIP. INDUST/AGRI 98__ NO MOBILE PROPERTY INVOLVED 99__ OTHER _____ 00__ UNDETERMINED			
G	ACTIONS TAKEN (Check best descriptors) 31__ RESCUE, REMOVE FROM HARM 42__ ID/ANALYSIS OF HAZMAT 48__ CONTAIN/CONTROL HAZMAT 73__ SHUT DOWN SYSTEM 32__ EXTRICATION, DISENTANGLEMENT 43__ EVACUATION 61__ CROWD CONTROL 82__ SECURE PROPERTY 33__ EMERGENCY MEDICAL SERVICES 44__ ESTABLISH SAFE AREA 62__ TRAFFIC CONTROL 92__ REFER TO PROP. AUTHORITY 35__ SEARCH 45__ MONITOR 63__ NOTIFY OTHER AGENCY 97__ HAZMAT RESPONSE, MATERIAL 36__ TRANSPORT 46__ DECON-PERSON/EQUIP 64__ PROVIDE PUBLIC INFO DETERMINED TO BE NONHAZARDOUS 41__ REMOVE HAZARD (NEUTRALIZE) 47__ DECON-AREA (CLEANUP) 71__ INVESTIGATE 98__ NO ACTION TAKEN 99__ OTHER _____					
H	CHEMICAL OR TRADE NAME (Print or Type)		DOT ID NO.	DOT HAZARD CLASS	CAS NO	
PHYSICAL STATE STORED 1 SOLID 2 LIQUID 3 GAS		PHYSICAL STATE STORED 1 SOLID 2 LIQUID 3 GAS	QUANTITY RELEASED	1) LBS. ____ 2) GAL. ____ 3) CU.FT. ____	TYPE OF ENVIRONMENTAL CONTAMINATION 1__ AIR 3__ GROUND 2__ WATER 9__ OTHER	
CONTAINER DESCRIPTION 1__ FIXED 1__ INSULATED 2__ PORTABLE 2__ PRESSURIZED 3__ MOBILE 3__ ARMORED		(USE CODES ON REVERSE) CONTAINER MATERIAL LEVEL OF CONTAINER CONTAINER TYPE	CONTAINER CAPACITY 1) LBS. ____ 2) GAL. ____ 3) CU.FT. ____		(USE CODES ON REVERSE) EXTENT OF RELEASE _____	
CHEMICAL OR TRADE NAME (Print or Type)		DOT ID NO.	DOT HAZARD CLASS	CAS NO		
PHYSICAL STATE STORED 1 SOLID 2 LIQUID 3 GAS		PHYSICAL STATE STORED 1 SOLID 2 LIQUID 3 GAS	QUANTITY RELEASED	1) LBS. ____ 2) GAL. ____ 3) CU.FT. ____	TYPE OF ENVIRONMENTAL CONTAMINATION 1__ AIR 3__ GROUND 2__ WATER 9__ OTHER	
CONTAINER DESCRIPTION 1__ FIXED 1__ INSULATED 2__ PORTABLE 2__ PRESSURIZED 3__ MOBILE 3__ ARMORED		(USE CODES ON REVERSE) CONTAINER MATERIAL LEVEL OF CONTAINER CONTAINER TYPE	CONTAINER CAPACITY 1) LBS. ____ 2) GAL. ____ 3) CU.FT. ____		(USE CODES ON REVERSE) EXTENT OF RELEASE _____	
I	MORE THAN 2 SUBSTANCES INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO (LIST ADDITIONAL INFORMATION ON REVERSE SIDE)					
J	HAZMAT IDENTIFICATION SOURCES (Check best descriptor/s) PERSONNEL REFERENCE MATERIAL 19__ ON-SITE FIRE SERVICES 21__ DOT MANUAL 29__ OFF-SITE FIRE SERVICES 23__ MSDS 40__ ON-SITE NON-FIRE SERVICES 24__ PLACARDS/SIGNS 60__ OFF-SITE NON-FIRE SERVICES 25__ PRIVATE INFO SOURCE 54__ CHEMIST 26__ COMPUTER SOFTWARE 58__ TOX CENTER 27__ SHIPPING PAPERS 59__ CHEMTREC 98__ NO REFERENCE MATERIAL USED 99__ OTHER _____ 99__ OTHER _____		HAZMAT CASUALTIES No. Contaminated No. of Injuries No. of Fatalities RESPONDING AGENCY / / / / / / / / / OTHERS / / / / / / / / /			
K	VEHICLE MAKE/YEAR	STATE	VEHICLE LICENSE NUMBER	VEHICLE ID NO. (VIN)	ICC/DOT NO.	COMPANY NAME
L	REPORTING OFFICER NAME/ID NO. (Print or Type)		DATE	ADDITIONAL COMMENTS ON BACK YES _____ NO _____		

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PROPERTY USE and SURROUNDING AREA TYPE			EXTENT OF RELEASE
100 Public assembly 200 Educational 300 Health care 400 Residential 500 Mercantile, Business 600 Industrial, Utility 650 Agricultural	700 Manufacturing 762 Hazmat chem mfg 767 Petroleum refinery 800 Storage 931 Open land 936 Vacant lot 946 Lake/Pond/River	950 Railroad 961 Freeway 962 Country/City road 963 Private road 965 Rest stop/Vista Point 966 Scale/Inspection facility 099 Other - explain in comments	1 Confined to vehicle/equipment 2 Confined to room of origin 3 Confined to floor of origin 4 Confined to structure of origin 6 Confined to property use of origin 7 Release beyond property use of origin 8 NO RELEASE 9 Other - Explain in comments section 0 Undetermined
LEVEL OF CONTAINER	CONTAINER TYPE		CONTAINER MATERIAL
11 Ground Level 30 Above Ground 40 Below Ground	11 Drum 12 Cylinder 13 Can or Bottle 14 Carboy 15 Box or Carton 16 Bag	21 Tank or Silo (incl vehicle cargo tanks) 22 Pipe 24 Machinery or Process Equipment 31 Sump/Pit 32 Pond or Surface Impoundment 33 Well 41 Vehicular Fuel Tank 98 NO CONTAINER 99 Other - Explain in comments section 00 Undetermined	1 Iron, steel & other iron alloys 2 Aluminum & aluminum alloys 3 Copper, brass, bronze, & other copper alloys 4 Plastic, fiberglass, rigid 5 Plastic, flexible 6 Wood, paper, textile, & cellulose products 7 Glass, pottery & clay 8 NO CONTAINER 9 Other - Explain in comments section 0 Undetermined

COMMENTS: _____

ALL SHADED SECTIONS MUST BE COMPLETED.

CHANGE: If the information on a previously submitted form needs to be changed mark the CHANGE box and submit form with the correct information.

DELETE: If a certain report needs to be deleted from the database mark the DELETE box, complete sections **A, B, C, and L**, and submit form.

SECTIONS:

- A Enter all information about the reporting agency. AZSERC Control No. is assigned when making phone notification to AZSERC Phone number is (602) 231-6345, or page at (602) 227-1257.
- B Enter the date (month, day, year), notification and completion time of the incident (use 2400 time clock time).
- C Enter the location or address of the incident (include city & county)
- D Enter the name and telephone number of the responsible party, and the National Response Center Incident Number, if known.
- E Check the appropriate weather descriptor(s) at the time of the incident & indicate the approximate temperature in °F. Enter property use and surrounding area code(s) as appropriate. Indicate the agency responsible for property management.
- F Check the item(s) that describe(s) the cause of the incident, the type of equipment involved in the incident, and mobile property type if any.
- G Check the item(s) that indicate(s) which action(s) you took as a responder to the incident.
- H List the chemical or the trade name(s) of the hazardous material(s) involved in the incident. Include information required in the boxes. Check the information in the boxes that describes the hazardous materials. Use the appropriate codes for Container Type, Container Material, and Extent of Release.
- I If more than two (2) hazardous materials were involved check **YES** and enter the information in the comments section.
- J Check the item(s) that describe(s) how the material was identified.
- K If vehicle/mobile property was involved in the incident enter information about that vehicle.
- L Print your full name or your ID number and enter the date of report. Indicate (Y/N) whether there are additional comments.

Mail or FAX completed form to: Arizona Emergency Response Commission,
5636 East McDowell Road, Phoenix, Arizona, 85008. Facsimile Number: (602) 392-7519.