

**CSB Accidental Release Reporting Form**

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a1. Name of Owner/Operator: \_\_\_\_\_ a2. Name of Owner/Operator Contact: \_\_\_\_\_

a3. Title of Owner/Operator Contact: \_\_\_\_\_ a4. Mobile Phone Number: \_\_\_\_\_

a5. E-mail address: \_\_\_\_\_ a6. Office Phone Number: \_\_\_\_\_

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b1. Name of Person Submitting Report: \_\_\_\_\_

b2. Title: \_\_\_\_\_

b3. Mobile Phone Number: \_\_\_\_\_ b4. Office Phone Number: \_\_\_\_\_

b5. Email: \_\_\_\_\_

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c1. Facility Name: \_\_\_\_\_

c2. Facility Street Address: \_\_\_\_\_ c3. City: \_\_\_\_\_ c4. Zip Code: \_\_\_\_\_

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d1. Time of Accidental Release: \_\_\_\_\_ d2. Date of Accidental Release: \_\_\_\_\_

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e. Describe the accidental release. Include equipment pressure, temperature and quantity of materials in process and released prior to and after the incident.

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f. Indicate if one or more of the following occurred during the accidental release.

Circle all that apply, to the extent known:

f1. Explosion:	Yes	No
f2. Fire:	Yes	No
f3. Death:	Yes	No
f4. Serious Injury	Yes	No
f5. Property damage	Yes	No

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g: Name of the materials involved in accidental release using the Chemical Abstract Service (CAS) number(s) or other appropriate identifiers. (Add more lines if more than two chemicals).

g1. Name CAS: \_\_\_\_\_

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g2. Name CAS: \_\_\_\_\_

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h. Amount of chemical(s) named in g, released during the accidental release, if known. List chemical name and quantity released. Use additional paper if necessary.

h1. Quantity released:

\_\_\_\_\_

h2. Quantity released:

\_\_\_\_\_

\_\_\_\_\_

i1. Number of Fatalities:

\_\_\_\_\_

j2. Number of Serious Injury(ies):

\_\_\_\_\_

k. Estimated property damage at or outside stationary source. \_\_\_\_\_

\_\_\_\_\_

l. If known, did the accidental release result in an evacuation order to members of the general public or others?

l1. Number of people evacuated: \_\_\_\_\_

l2. Approximate radius of evacuation zone: \_\_\_\_\_

l3. Type of individuals subject to evacuation order (i.e., employees, members of the general public, or both). Circle all that apply.

Employees evacuated	Yes	No
General public evacuated	Yes	No

Signature: \_\_\_\_\_

Date

Print Name: \_\_\_\_\_

First name

Last name