

CSB Accidental Release Reporting Form

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: _____

b1. Name of Person Submitting Report: _____

b2. Title: _____

b3. Mobile Phone Number: _____

b4. Office Phone Number: _____

b5. Email: _____

c1. Facility Name: _____

c2. Facility Street Address: _____

c3. City: _____

c4. Zip Code: _____

d1. Time of Accidental Release: _____

d2. Date of Accidental Release: _____

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

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

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: _____

g2. Name CAS: _____

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