

CSB Accidental Release Reporting Form

a1. Owner/Operator: _____ a2. Name of Owner/Operator Contact: _____

a3. Title of Facility 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. E-mail: _____

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: _____

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

Mark all that apply, to the extent known at the time of the incident.

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) registry number(s) or other appropriate identifiers. (Add more lines if more than two chemicals.)

g1. CAS Name and Number: _____

g2. CAS Name and Number: _____

h. Amount of chemical(s) involved in the accidental release , if known. List chemical name and quantity released. (Use additional page(s) if necessary.)

h1. Quantity Released: _____

h2. Quantity Released: _____

i. Number of Fatalities: _____

j. Number of Serious Injuries: _____

k. Estimated Property Damage: _____

l. If known, did the accidental release result in an evacuation order to members of the general public or others? Mark "Yes" or "No."

Evacuation Order No Yes :

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). Mark all that apply.

Employees evacuated: Yes No

General public evacuated: Yes No

Signature: _____

Date

Print Name: _____

First name

Last name

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