

Hazardous Materials Minor Spill and Release Incident Report Form

Approved Jointly by CAER (Community Awareness & Emergency Response) and Santa Barbara County Fire Chiefs

Fax Completed Report to Santa Barbara County Fire Department Protection Services Division. Follow-up with telephone verification to 686-8170

(805) 686-8183

1. INCIDENT AND RESPONSE DESCRIPTION

911 CALLED? YES NO

Date / Time Discovered	Date / Time Discharge	Discharge Stopped <input type="checkbox"/> Yes <input type="checkbox"/> No
Incident Reporting Date / Time		
Incident Business / Site Name		
Incident Address		
Other Locators (Bldg, Room, Oil Field, Lease, Well #, GIS)		
Please describe the incident and indicate specific causes and area affected.		
Indicate actions to be taken to prevent similar spills from occurring in the future.		

2. ADMINISTRATIVE INFORMATION

Business Name	
Address	
Supervisor in charge at time of incident	Phone
Contact Person	Phone

3. CHEMICAL / RELEASE INFORMATION

CALL 911 FOR ANY RELEASES INTO WATERWAYS, WETLANDS, OR AGRICULTURE AREAS.

Chemical	Quantity	<input type="checkbox"/> GAL <input type="checkbox"/> LBS <input type="checkbox"/> FT ³
Chemical	Quantity	<input type="checkbox"/> GAL <input type="checkbox"/> LBS <input type="checkbox"/> FT ³
Chemical	Quantity	<input type="checkbox"/> GAL <input type="checkbox"/> LBS <input type="checkbox"/> FT ³
Clean-Up Procedures & Timeline:		
Completed By	Phone	
Print Name	Title	Date and Time

SANTA BARBARA COUNTY FIRE DEPARTMENT PROTECTION SERVICES DIVISION USE ONLY

Date Received	Time	OES Control #	CIR #
Received By		Assigned To	
Date / Time Reported to 911		ER <input type="checkbox"/> Yes <input type="checkbox"/> No	
Late Report <input type="checkbox"/> Yes <input type="checkbox"/> No		INCIDENT #	
From 911 Dispatch <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispatch Requested HMU Respond <input type="checkbox"/> Yes <input type="checkbox"/> No		Time of Dispatch Request
Time HMU Responding	Time On Scene	Time Back in Service	<input type="checkbox"/> Joint <input type="checkbox"/> Multi-Agency
PROP 65 <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE/TIME TO HCS	DATE/TIME TO COUNTY OES	
MATERIAL		VOLUME	
HAZARD		EVACUATION/ACCESS RESTRICTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
Current Status	<input type="checkbox"/> Clean-Up Underway	<input type="checkbox"/> Pollution Characterization Underway	<input type="checkbox"/> Case Closed (Clean-Up Completed or Unnecessary)
	<input type="checkbox"/> Condition Abated	<input type="checkbox"/> Preliminary Site Assessment Underway	
	<input type="checkbox"/> No Action Taken	<input type="checkbox"/> Other	
COMMENTS			
NOTIFICATION CHECKLIST CODE 20 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> LOCAL FIRE _____ <input type="checkbox"/> APCD <input type="checkbox"/> CAL TRANS <input type="checkbox"/> COUNTY OES <input type="checkbox"/> COUNTY PETROLEUM <input type="checkbox"/> COUNTY AG COMM <input type="checkbox"/> ROAD DEPT <input type="checkbox"/> CHP <input type="checkbox"/> CAL OSHA <input type="checkbox"/> STATE OES RESPONSE <input type="checkbox"/> STATE DOGGR <input type="checkbox"/> STATE FISH & GAME <input type="checkbox"/> STATE RWQCB <input type="checkbox"/> EHS <input type="checkbox"/> DTSC			