

FORM A

Hazardous Materials Incidents / Accidents / Continuous Releases

REPORT INCIDENT IMMEDIATELY to the KANSAS DIVISION OF EMERGENCY MANAGEMENT (KDEM)

Telephone: (785) 296-3176 or (800) 905-7521

THIS COMPLETED FORM must be submitted on-line or faxed to KDEM (785) 274-1426, Technological Hazards Section, AS SOON AS PRACTICABLE (not to exceed 7 days) after the verbal notification. Form A(s) may be used as the written follow-up notification to KDEM ONLY IF an UPDATED Form A is submitted after the incident has concluded and includes additional information on the cause of the release, information on actual response actions taken, identification of any acute or chronic health risks and advice regarding medical attention necessary for citizens exposed, if appropriate. Additional information can be mailed to KDEM at: 2800 SW Topeka Blvd, Topeka, KS 66611.

- The following fields may have multiple entries: Commodity, Physical Form, Incident Mode, Truck/Trailer Number, Railcar Number, and Placard. If there is not enough room on this form to report these fields or "What Happened" or "Actions Taken to Remediate the Incident" please attach another page with the additional details.

KDEM CONFIRMATION NUMBER: _____

REPORTING	<p>WAS A REPORT MADE TO THE FOLLOWING AGENCIES:</p> <p>LOCAL EMERGENCY PLANNING COMMITTEE..... <input type="checkbox"/> YES</p> <p>NATIONAL RESPONSE CENTER (800) 424-8802..... <input type="checkbox"/> YES CASE# _____</p> <p>KANSAS DEPT. OF HEALTH & ENVIRONMENT (785) 296-1679..... <input type="checkbox"/> YES CASE# _____</p>
SPILLER	<p>SPILLER INFORMATION:</p> <p>IS THIS AN UPDATE TO FORM A: <input type="checkbox"/> YES</p> <p>DOES THIS CONSTITUTE A CONTINUOUS RELEASE: <input type="checkbox"/> YES IF CONTINUOUS, CR-ERNS #: _____</p> <p>PERSON INITIATING THE CALL: _____</p> <p>CALLER ORGANIZATION: _____</p> <p>CALLER PHONE: _____ CALLER EMAIL: _____</p> <p>ARE YOU THE SPILLER: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, SPILLER ORGANIZATION: _____</p> <p>SPILLER ORGANIZATION ADDRESS: _____</p> <p>CITY: _____ STATE: _____ COUNTY: _____ ZIP: _____</p> <p>SPILLER PHONE: _____ SPILLER EMAIL: _____</p>
INCIDENT INFORMATION	<p>INCIDENT INFORMATION:</p> <p>DISCOVERY TIME: _____ DISCOVERY DATE: _____</p> <p>NOTIFICATION TIME: _____ NOTIFICATION DATE: _____</p> <p>INCIDENT LOCATION/ADDRESS: _____</p> <p>INCIDENT CITY: _____ INCIDENT COUNTY: _____</p> <p>MANUFACTURER/SHIPPER: _____</p> <p>CAUSE OF RELEASE: <input type="checkbox"/> EXPLOSION <input type="checkbox"/> SPILL <input type="checkbox"/> OPERATOR ERROR <input type="checkbox"/> NATURAL PHENONENA <input type="checkbox"/> FIRE <input type="checkbox"/> DUMPING <input type="checkbox"/> EQUIPMENT FAILURE <input type="checkbox"/> OTHER*</p> <p>*IF OTHER, DESCRIBE: _____</p> <p>INCIDENT MODE: <input type="checkbox"/> AIRCRAFT <input type="checkbox"/> FIXED FACILITY <input type="checkbox"/> MOTOR CARRIER <input type="checkbox"/> MOTOR VECHICLE <input type="checkbox"/> PIPELINE <input type="checkbox"/> RAIL <input type="checkbox"/> OTHER (DESCRIBE): _____</p>

INCIDENT INFORMATION	DESCRIBE WHAT HAPPENED: _____ _____ _____ WIND DIRECTION FROM: _____ WIND SPEED: _____ MPH (0-5, 6-10, 11-15, etc) WEATHER TYPE: <input type="checkbox"/> CLEAR <input type="checkbox"/> SUNNY <input type="checkbox"/> PARTLY CLOUDY <input type="checkbox"/> CLOUDY <input type="checkbox"/> DRIZZLE <input type="checkbox"/> LIGHT RAIN <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> SLEET <input type="checkbox"/> OTHER: _____ RESIDENTS WITHIN ¼ MILE: <input type="checkbox"/> NO <input type="checkbox"/> YES, APPROXIMATE NUMBER: _____ PERSONAL INJURIES: <input type="checkbox"/> NO <input type="checkbox"/> YES, NUMBER: _____ FATALITIES: <input type="checkbox"/> NO <input type="checkbox"/> YES, NUMBER: _____ EMERGENCY CREWS ON SCENE: <input type="checkbox"/> FIRE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> EMERGENCY MGMT <input type="checkbox"/> KS FIRE MARSHALL REGIONAL RESPONSE TEAM <input type="checkbox"/> OTHER: _____ IS THE INCIDENT AREA SECURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMODITY	NAME OF CHEMICAL/COMMODITY: _____ NAME OF PLACARD (UN NUMBER): _____ CAS NUMBER: _____ CARRIER NAME: _____ TRUCK/TRAIN #: _____ TRAILER/RAILCAR #: _____ QUANTITY RELEASED: _____ QTY. IN WATER: _____ CONTAINER CAPACITY: _____ UNITS: _____ PHYSICAL FORM (CHECK ALL THAT APPLY): <input type="checkbox"/> LIQUID <input type="checkbox"/> SOLID <input type="checkbox"/> GAS MEDIUM AFFECTED (CHECK ALL THAT APPLY): <input type="checkbox"/> AIR <input type="checkbox"/> SOIL <input type="checkbox"/> WATER <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> NONE <input type="checkbox"/> WITHIN FACILITY <input type="checkbox"/> OTHER: _____ IF RELEASED TO WATER: TYPE OF WATERWAY: _____ NAME: _____
ACTIONS	ACTIONS TAKEN TO REMEDIATE THE INCIDENT: _____ _____ DID EVACUATIONS OCCUR: <input type="checkbox"/> NO <input type="checkbox"/> YES, NUMBER EVACUATED: _____ FACILITY: _____ PUBLIC: _____ DID SHELTER IN PLACE OCCUR: <input type="checkbox"/> NO <input type="checkbox"/> YES, NUMBER SHELTERED IN PLACE: _____ BOUNDARIES OF EVACUATION OR SHELTER IN PLACE AREA: _____ _____ OTHER PROTECTIVE ACTIONS RECOMMENDED: _____ _____
HEALTH RISKS	KNOWN OR ANTICIPATED ACUTE HEALTH RISKS: <input type="checkbox"/> NO <input type="checkbox"/> YES _____ KNOWN OR ANTICIPATED CHRONIC HEALTH RISKS: <input type="checkbox"/> NO <input type="checkbox"/> YES _____ IDENTIFY MEDICAL ATTENTION NECESSARY FOR EXPOSED INDIVIDUALS: _____ _____