

Incident Information Worksheet

This worksheet should be completed by the Incident Commander, or an appointed representative, during the time of the incident. This information will be useful to emergency responders, medical personnel, government agencies, and post-incident cleanup personnel.

Date & Time of Incident: ____ / ____ / ____ : ____ **am / pm** (circle one)

Location of Incident: _____

Incident Number: ____ - _____

IDEM Number: _____

Hazardous Material(s) Involved: _____

NOTE: If more than 1 material is involved use multiple copies of this form!!!

Hazardous Nature of Material(s) Involved (Mark all that apply):

NFPA 704

_____ Flammability _____ Toxicity H _____ (1-4)

_____ Combustible _____ Solid F _____ (1-4)

_____ Reactivity _____ Liquid R _____ (1-4)

_____ Corrosivity _____ Gas S _____

_____ Other: _____

Amount Released: _____ **lbs. / gallons** (circle one)

Is the released product contaminating, _____ **Ground,** _____ **Water or** _____ **Air**

Type of Container System Involved:

_____ Drum _____ Box _____ Motor Fuel Tank _____ Bulk Storage Tank

Other: _____

Brief Description of Incident: _____

Name of Spiller: _____

Address: _____

City: _____ State _____ Zip _____

Contact: _____

Direct Phone: _____ Pager: _____

Responsible Party on Scene: _____

Clean-up Authorization Number: _____

Does ***SPILLER*** have clean-up/response capabilities _____ YES _____ NO

Has ***SPILLER*** selected a Spill Clean Up Contractor _____ YES _____ NO

Who Made Selection: _____

Responding Contractors:

Company Name Time Notified Time Arrived Signature of Responsibility

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The signature below signifies that the spiller has entered into a contract with the named company(s) (*Contractor(s)*) to provide site clean-up.

Spiller Authorizing Clean-up, Signature: _____

Responding Agencies:

q IDEM (Indiana Department of Environmental Response) (888) 233-7745

Contact Name: _____ Phone: _____

_____ SEMA (State Emergency Management Agency) (800) 669-7362

Contact Name: _____ Phone: _____

_____ IERC (Indiana Emergency Response Commission) (800) 669-7362

Contact Name: _____ Phone: _____

_____ NRC (National Response Center) (800) 424-8802

Contact Name: _____ Phone: _____

_____ Other:

Injury Report

Number of Persons Injured/Killed: _____

Names of Persons Injured/Killed: _____

If injured persons are being taken to the hospital, have someone call the hospital immediately so that they may set up their own decontamination system.

Evacuation/Protection-In-Place Procedures Implemented:

Location	Start Time	End Time	Notified By
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Information Resources Used:

- North American Emergency Response Guidebook
- NIOSH Guide to Chemical Hazards
- *Merck* Index
- IDEM Office of Emergency Response
- CHEMTREC
- Material Safety Data Sheets
- Chemical List of Lists
- Other: _____

Is clean up under way: _____ **YES** _____ **NO**

Is clean up complete: _____ **YES** _____ **NO**

Incident Commander: _____

Time of Incident Termination: _____ **am / pm** (circle one)