

304 Substance Release

Written Follow-up Report

As required by SARA Title III EPCRA Section 304

Mail To: CR2K/304 Reporting

4760 Portland Rd NE

Salem, Oregon 97305-1760



GENERAL INFORMATION

1. **Company Name:**

2. **Location Address:**

3. **Company Contact Person:**

4. **Contact Phone Number:**

RELEASE INFORMATION

5. **Chemical Released:**

6. **Amount/State of Release:**

7. **Date/Time of Release:**

8. **Date/Time Stopped:**

9. **Location of Spill:**

10. **Actions taken:**

11. Release Reported to:

12. Person (s) Agency reporting release

13. Known Health Risks:

Acute:

Chronic:

Other:

14. Advice for exposed individuals:

15. Additional Information:

16. List of Attached Information: (Please reference the report item number on all additional information.)