

OREGON OFFICE OF STATE FIRE MARSHAL

HAZARDOUS MATERIALS

INCIDENT REPORTING PROGRAM

GUIDANCE MANUAL



**DEPARTMENT OF STATE POLICE
OFFICE OF STATE FIRE MARSHAL
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BACKGROUND

The 1985 legislative session introduced numerous bills related to hazardous materials. One of those bills was House Bill 2255, commonly called the "Community Right to Know and Protection Act." This Bill was approved and became law on September 20, 1985.

One of four program areas related to hazardous materials is the Hazardous Materials Incident Reporting Program operated by the Oregon Office of State Fire Marshal (OSFM). Under this system, emergency service personnel responding to an incident are required to file a written report with the Office of State Fire Marshal within ten (10) working days of the incident.

This manual includes step-by-step instructions for completing the Hazardous Materials Incident Report. If you have any questions about this manual or are interested in learning more about other programs, call the Hazardous Substance Information Hotline at 503-378-6835.

WHEN TO REPORT A HAZARDOUS MATERIALS INCIDENT

The Oregon Legislature and Office of State Fire Marshal define a hazardous materials incident as "the threatened or actual injury to a human, wildlife, domestic animal or the environment, or any property loss resulting from a hazardous substance release."

The Office of State Fire Marshal has adopted three basic modifications to this definition. No written "incident" report is required for incidents that involve:

1. Motor fuels which are spilled in quantities of less than 42 gallons from a vehicle, unless the fuel enters a waterway, or is determined to endanger the public safety or immediate or surrounding environment, including ground water; or
2. Sewage overflows; or
3. Structure fires or other emergencies where hazardous substances are involved as exposures, if the quantities exposed are less than 42 gallons. This means that a Hazardous Materials Incident Report would not be required for a structure fire or other emergency if consumer quantities of hazardous substances did not directly relate to the cause of the emergency or to injuries or deaths. If these consumer quantities caused the incident or contributed to an injury or death, a written Oregon State Fire Marshal Hazardous Materials Incident Report would be required. As with any fire, a Form 10 is required.

Except for 1, 2 and 3, all incidents including the release or threatened release of a hazardous material shall be reported. This includes, for example, a warranted response, based on the good intent of the caller, to a situation where no hazardous material is released or found. It also applies to a situation whereby the emergency responders take possession of hazardous materials to abate a hazard to the public; i.e., drug lab chemicals. For both of these examples proper documentation for state and local purposes is essential.

WHO COMPLETES THE HAZARDOUS MATERIALS INCIDENT FORM

According to the Community Right to Know and Protection Act, emergency service personnel responding to a hazardous materials incident must file a written report with the Office of State Fire Marshal within ten (10) working days after the incident occurs. Only one written incident report for each incident is required. Responsibility for completing the written report shall be in the following order:

1. Where fire department unit(s) or state hazmat team(s) have responded to the incident, the fire department or state hazmat team having jurisdiction shall be responsible for completing and forwarding the written report;
2. Where no fire department unit(s) or state hazmat team(s) have responded to the incident and where one or more law enforcement agency(s) are at the scene, the first arriving law enforcement agency shall be responsible for completing and forwarding the written report;
3. Where no fire department unit(s), state hazmat team(s), or law enforcement agency(s) have responded to the incident and where health professional(s), including emergency medical technicians or ambulance personnel are at the scene, the first arriving health professional shall be responsible for completing and forwarding the written report; and
4. Where no fire department unit(s), state hazmat team(s), law enforcement agency(s) or health professional(s) have responded to the incident, any other emergency service agency, including agencies of this state, who are at the scene shall confer and determine who will be responsible for completing and forwarding the written report.

If the hazardous materials incident also involves a fire, a State Fire Marshal Form 10 Fire Report must also be completed in the usual manner. Additionally, State Fire Marshal Civilian and Fire Service Casualty Reports will be completed and forwarded if injuries or deaths occur. Where fire personnel are injured or killed, the Fire Service Casualty Report form shall be completed. All other injuries are to be reported on the Civilian Casualty Report form.

Forward all completed forms to the Office of State Fire Marshal, attention: Incident Reporting Program.

**OREGON OFFICE OF STATE FIRE MARSHAL
HAZARDOUS MATERIAL INCIDENT REPORT**

(To Be Filled Out by the Responding Agency)

PERSON COMPLETING REPORT: _____ TITLE: _____

AGENCY: _____ PHONE: _____ DATE: _____

1. DATE OF INCIDENT (month/day/year): _____ TIMES: Call Time: _____ In Route: _____ Arrival: _____ Depart Scene: _____ Time Back in Qtrs: _____ In Service: _____																													
2. DISTRICT OF INCIDENT: _____ DEPT. RESPONDING: _____ Were State Resources Used in this Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No Was OERS Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No OSFM Incident Report No.: _____ Agency Report No.: _____ OERS No.: _____																													
3. INCIDENT LOCATION: _____ Highway: _____ Milepost: _____ County: _____ City: _____ Zip Code: _____																													
4. SCENE TYPE: (Check One) <input type="checkbox"/> Public Road <input type="checkbox"/> Public Structure <input type="checkbox"/> Public Land <input type="checkbox"/> Railroad <input type="checkbox"/> Private Road <input type="checkbox"/> Private Structure <input type="checkbox"/> Private Land <input type="checkbox"/> Waterway	5. AREA TYPE: (Check One) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Rural/Agri <input type="checkbox"/> Forest <input type="checkbox"/> Recreational																												
6. RESPONSIBLE PARTY(IES): _____ Company: _____ Contact Person: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ or: _____																													
7. WEATHER: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Ice/Hail Approx. Temperature: <input type="checkbox"/> Below 32° <input type="checkbox"/> 32°-40° <input type="checkbox"/> 41°-50° <input type="checkbox"/> 51°-60° <input type="checkbox"/> 61°-70° <input type="checkbox"/> 71°-80° <input type="checkbox"/> 81°-90° <input type="checkbox"/> 91°-100° <input type="checkbox"/> Above 100° Wind Speed (mph): <input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-15 <input type="checkbox"/> 15-20 <input type="checkbox"/> 20+ Direction: <input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W <input type="checkbox"/> NW																													
8. WERE HAZARDOUS MATERIALS RELEASED AT THIS INCIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No																													
9. OPERATION BEING PERFORMED WHEN INCIDENT OCCURRED: (Check One) <input type="checkbox"/> Normal Operation <input type="checkbox"/> During Delivery/Shipment <input type="checkbox"/> In Route <input type="checkbox"/> Takeoff/Landing <input type="checkbox"/> During Manufacture <input type="checkbox"/> During Equipment Repair <input type="checkbox"/> Docked <input type="checkbox"/> Railcar Connect																													
10. CAUSE OF INCIDENT: (Check One) <input type="checkbox"/> Clandestine Drug Lab <input type="checkbox"/> Improper Storage <input type="checkbox"/> Intentional Release <input type="checkbox"/> MVA <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Improper Handling <input type="checkbox"/> Excavation <input type="checkbox"/> Abandoned <input type="checkbox"/> Container Rupture <input type="checkbox"/> Derailment <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Unknown																													
11. HAZMAT BEHAVIOR ON RELEASE: (Check all that apply) <input type="checkbox"/> Inert/No Reaction <input type="checkbox"/> Entered Waterway <input type="checkbox"/> Became Airborne <input type="checkbox"/> Contaminated Area <input type="checkbox"/> Caused Fire <input type="checkbox"/> Contributed to Fire <input type="checkbox"/> Caused Explosion <input type="checkbox"/> Contributed to Explosion <input type="checkbox"/> Absorbed <input type="checkbox"/> Dispersed <input type="checkbox"/> Evaporated <input type="checkbox"/> No Release																													
12. AGENCIES RESPONDING: (List all agencies and private companies that responded to the incident) <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;">LOCAL</td> <td style="width:50%; text-align: center;">FEDERAL</td> </tr> <tr> <td>Agency: _____</td> <td>Agency: _____</td> </tr> <tr> <td>Contact: _____</td> <td>Contact: _____</td> </tr> <tr> <td>Agency: _____</td> <td>Agency: _____</td> </tr> <tr> <td>Contact: _____</td> <td>Contact: _____</td> </tr> <tr> <td>Agency: _____</td> <td>Agency: _____</td> </tr> <tr> <td>Contact: _____</td> <td>Contact: _____</td> </tr> <tr> <td style="text-align: center;">STATE</td> <td style="text-align: center;">PRIVATE/OTHER</td> </tr> <tr> <td>Agency: _____</td> <td>Agency: _____</td> </tr> <tr> <td>Contact: _____</td> <td>Contact: _____</td> </tr> <tr> <td>Agency: _____</td> <td>Agency: _____</td> </tr> <tr> <td>Contact: _____</td> <td>Contact: _____</td> </tr> <tr> <td>Agency: _____</td> <td>Agency: _____</td> </tr> <tr> <td>Contact: _____</td> <td>Contact: _____</td> </tr> </table>		LOCAL	FEDERAL	Agency: _____	Agency: _____	Contact: _____	Contact: _____	Agency: _____	Agency: _____	Contact: _____	Contact: _____	Agency: _____	Agency: _____	Contact: _____	Contact: _____	STATE	PRIVATE/OTHER	Agency: _____	Agency: _____	Contact: _____	Contact: _____	Agency: _____	Agency: _____	Contact: _____	Contact: _____	Agency: _____	Agency: _____	Contact: _____	Contact: _____
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Contact: _____	Contact: _____																												
13. ACTION TAKEN AT THE SCENE: (Indicate actions taken at the scene by all responding agencies and private companies) <input type="checkbox"/> Secure Area <input type="checkbox"/> Hot Zone Determined <input type="checkbox"/> Evaluate <input type="checkbox"/> Identify Hazmat <input type="checkbox"/> Clean-Up <input type="checkbox"/> Crowd Control <input type="checkbox"/> On-Site EMS <input type="checkbox"/> Traffic Control <input type="checkbox"/> Evacuation <input type="checkbox"/> Public Info Release <input type="checkbox"/> Containment <input type="checkbox"/> Transport Patient <input type="checkbox"/> Extinguishment <input type="checkbox"/> Decontaminate <input type="checkbox"/> Remove Hazard																													

DATE/TIME/LOCATION

RELEASE

RESPONDERS/ACTIONS

INSTRUCTIONS FOR FILLING OUT THE OFFICE OF STATE FIRE MARSHAL HAZARDOUS MATERIAL INCIDENT REPORT

The Office of State Fire Marshal (OSFM), Hazardous Material Incident Report consists of eighteen individual sections, each one relating to a unique element of the incident. These instructions break down the report and provide guidance for filling out each section. If, after reading these instructions, assistance is needed, call the Hazardous Substance Information Hotline at (503) 378-6835.

HEADER SECTION

Person Completing Report	The name and title of the person completing the incident report.
Agency	The agency the person completing the form represents.
Phone	The phone number where the person completing the report can be reached during normal business hours.
Date	The date the incident report was completed.

1. DATE OF INCIDENT

Month/Day/Year	Enter the date on which the incident began. <i>Using the 24 hour clock, enter the time for each of the following. (i.e., 1:00 a.m. = 0100, 1:00 p.m. = 1300, 12:00 midnight = 2400).</i>
Call Time	Enter the time the alarm was received at the dispatch center.
In Route	Enter the time the responding department left the station for the scene.
Arrival	Enter the time the responding department arrived at the incident scene.
Depart Scene	Enter the time the responding department left the scene to return to quarters.
Time Back in Qtrs	Enter the time when the responding department arrived back at the station.
In Service	Enter the time when the responding department is back in service and ready to respond to other alarms.

2. DISTRICT OF INCIDENT

District of Incident	Enter the fire district name in which the incident occurred.
Dept. Responding	Enter the name of the department responding to the incident. <i>State HazMat Teams should be listed under State Agencies in Section 12.</i>
Were State Resources Used in this Incident	Check "YES" if state resources were used while responding to this incident, <i>(state hazmat vehicles or state owned hazmat equipment)</i> . <i>If no state resources were used, check "NO."</i>
Was OERS Notified	Check "YES" if the Oregon Emergency Response System (OERS) was notified during the incident. If OERS was not notified, check "NO".
OSFM Incident Report No.	If State resources were used in the incident response, enter the incident report number assigned by the Office of State Fire Marshal.
Agency Report No.	Enter the department's agency report number for the incident.
OERS No.	If OERS was notified during the incident, enter the issued OERS number.

3. **INCIDENT LOCATION**

Incident Location	Enter a street name and address, including apartment, suite, or space number, if applicable.
Highway	If the incident occurred on a highway, enter the number of the highway.
Milepost	Enter a milepost number if applicable.
County	Enter the name of the county where the incident occurred.
City	Enter the name of the city where the incident occurred, if applicable.
Zip Code	Enter the Zip Code number for the incident location.

4. **SCENE TYPE**

Place an “X” in the box that best describes the scene of the incident. **NOTE:** Choose only one box.

5. **AREA TYPE**

Place an “X” in the box that best describes the area of the incident. **NOTE:** Choose only one box.

6. **RESPONSIBLE PARTY(IES)**

Responsible Party(ies)	If an individual is the responsible party of the incident, enter the name of that individual.
Company	If a company or corporation is the responsible party of the incident, enter the name of the company, or corporation.
Contact Person	Enter the name of a contact person if the responsible party was a company or corporation.
Address	Enter the business address for the responsible party, or the home address if not affiliated with a business or corporation.
City	Enter the name of the city for the responsible party address.
State	Enter the name of the state for the responsible party address.
Zip Code	Enter the zip code for the responsible party address.
Phone	Enter the phone number for the responsible party. Additional space is provided for more than one phone number, i.e., business and/or home phone number and/or cell phone number.

7. **WEATHER**

Place an “X” in the box that best describes the weather conditions at the time the incident began. Also, select the box that best describes the approximate temperature, wind speed and wind direction.

8. **RELEASE**

Check “YES” if hazardous materials were actually released during the incident. If no hazardous materials were released, check “NO.”

9. OPERATION BEING PERFORMED

Place an "X" in the box next to the item that best describes the situation prior to the incident.

10. CAUSE OF INCIDENT

Place an "X" in the box next to the item that best describes what caused the incident to occur.

11. HAZMAT BEHAVIOR ON RELEASE

Place an "X" in the box(es) that best describes what the substance did upon release from its containment. There is also a space provided for those instances when a substance was not actually released. **NOTE:** If the release caused a fire or explosion, a State Fire Marshal Report Form 10 must be completed by the fire department responding to the incident.

12. AGENCIES RESPONDING

List all of the agencies that responded to the hazardous materials incident. Also list a contact person for that agency.

Local Agencies should include fire departments, police departments, city and county agencies.

State Agencies should include state hazmat teams, state police, ODOT, Fish & Wildlife, and DEQ.

Federal Agencies should include the FBI, EPA, and ATF.

Private/Other should include volunteer industry, private clean-up companies, and/or tow trucks.

13. ACTION TAKEN AT THE SCENE

Place an "X" next to any actions taken by all agencies responding to the incident.

14. CHEMICAL/TRADE NAME

Chemical/Trade Name Enter the chemical/trade name of the substance involved in the incident. If the substance is unknown, write "unknown." If there were no substances involved, write "no substance involved." If more than one substance is involved in the incident, space is provided for listing those substances. Also indicate if the substance involved is biological or radiological.

UN/NA Number Enter the four-digit United Nations (UN) or North American (NA) number, if known. These numbers can be found on the shipping documents, substance container, or on the Material Safety Data Sheet (MSDS).

Amount at Risk Multiply the number of containers by their size to identify the amount of the substance involved that is at risk and enter that number in the space provided. Place an "X" in the box next to POUNDS for solids, GALLONS for liquids, or CUBIC FEET for gases.
NOTE: The cubic feet in a cylinder depends on the type of gas and the size of the cylinder. If compressed gas cylinders are involved in the incident, contact the manufacturer or distributor to determine the number of cubic feet per cylinder. If this is not an option, call the Hazardous Substance Information Hotline for assistance at (503) 378-6835.

Amount Released Using the same calculations as in the "Amount at Risk" section, enter the amount of the substance involved in the incident that was released. Place an "X" in the box next to POUNDS for solids, GALLONS for liquids, or CUBIC FEET for gases.

15. MATERIAL IDENTITY

Place an “X” in the boxes that best describe the method used to identify materials involved in the incident.

16. ESTIMATED PROPERTY LOSS

Estimate the property loss for each of the two categories to the nearest whole dollar amount. If no loss occurs for a given category, fill in the space with a “0”.

17. CASUALTIES

Enter the number of civilian, firefighter, and other personnel injuries, deaths, and/or hospitalizations.

Injuries from Exposure Enter the number of people injured as a direct result of the incident or exposure to the incident.

Injuries Other Enter the number of people injured but not as a direct result, i.e. if the truck driver was injured when his truck crashed, but not injured from the actual hazardous materials release.

Deaths from Exposure Enter the number of people who died as a direct result of the incident or exposure to the incident.

Deaths Other Enter the number of people who died but not as a direct result, i.e. the truck driver had a heart attack and died which caused the truck to crash and the incident to occur.

Hospitalized Enter the total number of people hospitalized.

NOTE: If there are any injuries or casualties, a supplemental OSFM Civilian Casualty Report and/or a supplemental OSFM Firefighter Casualty Report must also be submitted to the OSFM.

18. INCIDENT NARRATIVE

Use this section to document any information not provided by the previous sections. Include general comments about how the incident occurred and the actions that were taken to control the incident.