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:** _____

DATE/TIME/LOCATION

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? ☐ Yes ☐ No Was OERS Notified? ☐ Yes ☐ No

OSFM Incident Report No.: _____ Agency Report No.: _____ OERS No.: _____

3. INCIDENT LOCATION: _____

Highway: _____ Milepost: _____ County: _____ City: _____ Zip Code: _____

4. SCENE TYPE: (Check One)

☐ Public Road ☐ Public Structure ☐ Public Land ☐ Railroad

☐ Private Road ☐ Private Structure ☐ Private Land ☐ Waterway

5. AREA TYPE: (Check One)

☐ Industrial ☐ Commercial

☐ Residential ☐ Rural/Agri

☐ Forest ☐ Recreational

6. RESPONSIBLE PARTY(IES): _____

Company: _____ Contact Person: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____ or: _____

7. WEATHER: ☐ Clear ☐ Cloudy ☐ Rain ☐ Fog ☐ Snow ☐ Ice/Hail

Approx. Temperature: ☐ Below 32° ☐ 32°-40° ☐ 41°-50° ☐ 51°-60° ☐ 61°-70° ☐ 71°-80° ☐ 81°-90° ☐ 91°-100° ☐ Above 100°

Wind Speed (mph): ☐ 0-5 ☐ 5-10 ☐ 10-15 ☐ 15-20 ☐ 20+ Direction: ☐ N ☐ NE ☐ E ☐ SE ☐ S ☐ SW ☐ W ☐ NW

RELEASE

8. WERE HAZARDOUS MATERIALS RELEASED AT THIS INCIDENT? ☐ Yes ☐ No

9. OPERATION BEING PERFORMED WHEN INCIDENT OCCURRED: (Check One)

☐ Normal Operation ☐ During Delivery/Shipment ☐ In Route ☐ Takeoff/Landing

☐ During Manufacture ☐ During Equipment Repair ☐ Docked ☐ Railcar Connect

10. CAUSE OF INCIDENT: (Check One)

☐ Clandestine Drug Lab ☐ Improper Storage ☐ Intentional Release ☐ MVA

☐ Equipment Malfunction ☐ Improper Handling ☐ Excavation ☐ Abandoned

☐ Container Rupture ☐ Derailment ☐ Fire/Explosion ☐ Unknown

11. HAZMAT BEHAVIOR ON RELEASE: (Check all that apply)

☐ Inert/No Reaction ☐ Entered Waterway ☐ Became Airborne ☐ Contaminated Area

☐ Caused Fire ☐ Contributed to Fire ☐ Caused Explosion ☐ Contributed to Explosion

☐ Absorbed ☐ Dispersed ☐ Evaporated ☐ No Release

RESPONDERS/ACTIONS

12. AGENCIES RESPONDING: (List all agencies and private companies that responded to the incident)

LOCAL

Agency: _____
Contact: _____
Agency: _____
Contact: _____
Agency: _____
Contact: _____

FEDERAL

Agency: _____
Contact: _____
Agency: _____
Contact: _____
Agency: _____
Contact: _____

STATE

Agency: _____
Contact: _____
Agency: _____
Contact: _____
Agency: _____
Contact: _____

PRIVATE/OTHER

Agency: _____
Contact: _____
Agency: _____
Contact: _____
Agency: _____
Contact: _____

13. ACTION TAKEN AT THE SCENE: (Indicate actions taken at the scene by all responding agencies and private companies)

☐ Secure Area ☐ Hot Zone Determined ☐ Evaluate ☐ Identify Hazmat ☐ Clean-Up

☐ Crowd Control ☐ On-Site EMS ☐ Traffic Control ☐ Evacuation ☐ Public Info Release

☐ Containment ☐ Transport Patient ☐ Extinguishment ☐ Decontaminate ☐ Remove Hazard

MATERIAL(S) INVOLVED

14. CHEMICAL/TRADE NAME: UN/NA#:

Amount at Risk: ☐ Pounds ☐ Gallons ☐ Cubic Feet ☐ Biological

Amount Released: ☐ Pounds ☐ Gallons ☐ Cubic Feet ☐ Radiological

CHEMICAL/TRADE NAME: UN/NA#:

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Amount Released: ☐ Pounds ☐ Gallons ☐ Cubic Feet ☐ Radiological

15. METHOD USED TO IDENTIFY MATERIAL:

☐ Shipping Papers ☐ Placards/Labels ☐ Responsible Party

☐ Chem-Trec ☐ Textbooks ☐ On-Scene Analysis ☐ Off-Scene Analysis

16. ESTIMATED PROPERTY LOSS:

Vehicle & Cargo $

Fixed Property $

17. CASUALTIES:	INJURIES (From Exposure)	INJURIES (Other)	DEATHS (From Exposure)	DEATHS (Other)	HOSPITALIZED
Fire Services					
Other Responders					
Civilian					

18. INCIDENT NARRATIVE: