

A 23011 OH 05 19 2004 01 04-0000650 000 NFIRS -1 Basic

B Location\* [X] Street address 1446 SUGAR GROVE RD OH 43155

C Incident Type\* 422 Chemical spill or leak

E1 Date & Times 05 19 2004 14:37:00

E2 Shift & Alarms 1 1

D Aid Given or Received\* 1 Mutual aid received 2 Automatic aid recvd 3 Mutual aid given 4 Automatic aid given 5 Other aid given N None

Arrival 05 19 2004 14:46:00 Cleared 05 19 2004 16:25:00

E3 Special Studies

F Actions Taken\* 92 Standby 55 Establish safe area

G1 Resources\* Apparatus Personnel 0001 0006

G2 Estimated Dollar Losses & Values

Completed Modules Fire-2 Structure-3 Civil Fire Cas.-4

H1\* Casualties None Deaths Injuries

H3 Hazardous Materials Release 1 Natural Gas 2 Propane gas 3 Gasoline

I Mixed Use Property NN Not Mixed 10 Assembly use 20 Education use

J Property Use\* Structures 131 Church, place of worship 161 Restaurant or cafeteria

341 Clinic, clinic type infirmary 342 Doctor/dentist office 361 Prison or jail, not juvenile

**K1 Person/Entity Involved**

Local Option

Business name (if applicable)

Area Code

Phone Number

 Check This Box if same address as incident location. Then skip the three duplicate address lines.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway			Street Type	Suffix			
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>				
Post Office Box			Apt./Suite/Room	City					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
State	Zip Code								

 More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary
**K2 Owner**

Local Option

 Same as person involved? Then check this box and skip the rest of this section.

Business name (if Applicable)

Area Code

Phone Number

 Check this box if same address as incident location. Then skip the three duplicate address lines.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Number	Prefix	Street or Highway			Street Type	Suffix			
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>				
Post Office Box			Apt./Suite/Room	City					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
State	Zip Code								

**L Remarks**

Local Option

Received a call of a chlorine leak at the water treatment plant on Sugar Grove Rd. M/A to Berne Twp. EC-1 responded and arrived on the scene. Advised of a leak in a 1-ton cylinder in facility. Notified Fairfield Co. Spec.Ops Team to respond. Berne Twp. arrived on scene and assumed command. EC-1 stood-by while FFP Jeremy Kraner was on a back-up line while entry by the hazmat team occurred. Situation was contained ec-1 went back in service and returned to quarters.

**L Authorization**

Officer in charge ID

Signature

Position or rank

Assignment

Month

Day

Year

 Check Box if same as Officer in charge.

Member making report ID

Signature

Position or rank

Assignment

Month

Day

Year



## Fairfield County Special Operations Team

407 E. Main St.  
Lancaster Ohio 43130

**John Kraner**  
Chief

Chlorine Leak  
May 19, 2004

On May 19, 2004, Lancaster Fire Dept and Berne Twp Fire Dept were dispatched to the Lancaster's South Water Treatment Plant on a possible chlorine leak. It was reported that a 1 ton tank was leaking. Upon arrival of Lancaster Eng. 1, Lt Medaugh evaluated the situation and requested the Special Ops Team to respond. Andy Slivka and I responded with the Haz-Mat Truck. Mutual-Aid was requested from Bremen-Rushcreek.

After arriving on scene, I was briefed by Lt Medaugh and Bill Wills of water dept. Bill advised that they were training with the tank and a chlorinator. He stated that they were unable to get tank shut off. There was not a detectable odor of chlorine.

It was decided to don level-A suits and make entry to see if leak could be stopped. Two personnel donned level-a and two donned level-b. While getting prepared to make entry, I was approached by a Dan Yeager who stated that he thought he knew what the problem was. He stated that he had been conducting the training. He stated that he thought the valve was damaged and only leaked when it was open. He believed that the only chlorine leak had been from the chlorinator. He advised to remove chlorinator and replace cap on tank. I thanked him for his advise and told to stay around. Advised him that we would still have to prepare for worst case scenario.

Personnel had vitals taken, were briefed on mission, and reviewed hand signals. Entry team entered the facility. They confirmed that the tank did not appear to be leaking. They removed chlorinator and put cap on outlet. Allowed building to air out. After about 15 minutes entered building with Mr. Yeager. He restated that the valve was probably damaged when they opened the tank, causing it to leak.

Cleaned up and cleared scene.

A handwritten signature in purple ink, appearing to be 'JK'.

# Fairfield County Emergency Response Incident Information

## Incident Information

Date:	May 19,2004
Time (24Hr):	1500

Jurisdiction:	Berne Twp
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Incident:	Chlorine leak
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Location:	4446 Sugar Grove Rd
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## Responsible Party

Party's Name:	Bonded Chemical
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Contact Name:	
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Address #1:	2645 Charter St
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Address #2:	
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City:	Columbus
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State:	Oh
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Zip:	43228
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Telephone:	614-777-9240
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## Fairfield County Settlement Authorization

<b>Location:</b>	4446 Sugar Grove Rd Lancaster Water Plant	<b>Date:</b>	May 19, 2004
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<b>Incident:</b>	Chlorine Leak
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If a settlement in full cannot be reached with the responsible parties, the community of jurisdiction and its legal counsel and/or the Fairfield County Office of Emergency Management and Homeland Security and its legal counsel are authorized to negotiate a settlement of this claim in behalf of my jurisdiction.

<b>Authorized Signature:</b>		<b>Date:</b>	June 10, 2004
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<b>Printed Name</b>	John Kraner
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X	Submitted Documentation Checklist
X	Incident Information Sheet
X	Authorization
X	Cost Summary
	Fire Department Personnel
	Law Enforcement Personnel
	Public Service Personnel
X	Other Personnel
X	Supplies Costs
X	Operations Costs
	Equipment Replacement Costs
	Responding Departments
X	Copy of Run Report
	Copy of Hazmat Report
	Copy of Release Documentation

<b>Note:</b>	Type and X to mark a checkbox
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