FAIRFIELD COUNTY, OHIO HAZMAT INCIDENT INFORMATION COLLECTION FORM

Poport Takon Py		1 1/					
Report Taken By		Jon Kochis					
Date/Time of Accident:		12/03/12 -2:15PM FC EMA					
Agency/Department							
Reported By	Reported By		Mathew Andrerle				
Date Received		12/03	3/12				
Time Call Received		2:38p					
	INCIDE		DRMATION				
Nature of the Accident			ic Accident				
Location of the Accident		Anchor Hocking Facility 1115 West Fifth St					
		Lancaster					
Name(s) of Chemical Ma							
	Deisel		CAS Number				
#2			CAS Number				
#3			CAS Number				
Disposed Towns of All		l D. ·	.,				
Placard Type and Name		Deise	PL				
Characteristics (Smell,		T1					
Container Type (Truck, etc.)	Rail, Facility, Drum,	Truci	Truck				
Amount of Material Rele	eased	100 Gallons					
Amount that may be Re		0					
Amount that may be ne	teasea						
Shipping Papers Information (Shipper, Manufacturer)		Shipper is Vitran					
Material Entering Air, Ground, Drains, etc.?		⊠YE	S □NO				
	Is there a Plume? (Color, Height, Odor,		S ⊠NO				
Direction, etc.)			5 2.1.5				
Wind Speed (MPH)							
Direction (From/To)							
Temp	55						
Weather	Weather rain						
Surroundings (Roads, Te	errain, Streams, Sewers	s, Bldgs,	Bridges)				
Nearby Buildings (Coboo	de Homos Nursing						
Nearby Buildings (Schools, Homes, Nursing Homes, Offices)							
Nearby Population (Where, Numbers)		+					
Other Hazmat in Vicinity							
Other Hazmat III Vicinit	у						
Injured 0	Taken To:						
Dead 0							
-	1						

Additional Information - OVER

Possible Health Effects/Medical Info										
RESPONSE INFORMATION: How does the SENIOR FIREMAN ON THE SCENE Classify the incident: Emergency Condition Level (ESC)? Level I Level II Level III										
HAZMAT INCIDENT INFORMATION SUMMARY FORM (Cont)										
Agencies Contacte	<u>d.</u>									
*Federal/National	CHEMTRA NRC	AC	1-800-424-9300 1-800-424-8802		_	- 4.0				
State Agencies	ОН ЕРА		1-800-282-9378 1-614-224-0946	Tim	e D	Date				
* MUST be notified for all Chemical Accidents, Releases and Incidents										
County/Local Agencies/Organizations/Department.										
Name of Agency/Individual		Telep	hone Number		Tin	me/Date	Remarks			
Steve Carpenter		740-4	38-8126							

Vitran-Carrier is responsible.	