

HAZMAT INCIDENT INFORMATION COLLECTION FORM

Report Taken By <i>Spiller</i>	
Date/Time of Accident: <i>8-13-13 1200 hrs</i>	
Agency/Department <i>AEP</i>	
Reported By <i>Vaughn Kaufman</i>	

Date Received <i>8-13-13</i>	
Time Call Received <i>1600 hrs</i>	

INCIDENT INFORMATION

Nature of the Accident <i>Transformer Spill</i>	
Location of the Accident <i>161 Deerfield Ct.</i>	<i>Lancaster OH 43130</i>

Name(s) of Chemical Materials

#1 <i>Mineral Oil</i>	CAS Number
#2	CAS Number
#3	CAS Number

Placard Type and Name	
Characteristics (Smell, Color State, etc.)	<i>Mineral Oil</i>
Container Type (Truck, Rail, Facility, Drum, etc.)	<i>Transformer</i>
Amount of Material Released	<i>70 gallons</i>
Amount that may be Released	<i>0</i>

Shipping Papers Information (Shipper, Manufacturer)	<i>AEP</i>
Material Entering Air, Ground, Drains, etc.?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>Ground</i>
Is there a Plume? (Color, Height, Odor, Direction, etc.)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Wind Speed (MPH)	<i>Unknown</i>
Direction (From/To)	<i>"</i>
Temp	<i>"</i>
Weather	<i>"</i>

Surroundings (Roads, Terrain, Streams, Sewers, Bldgs, Bridges)

<i>ground/dirt</i>

Nearby Buildings (Schools, Homes, Nursing Homes, Offices)	<i>Unknown</i>
Nearby Population (Where, Numbers)	<i>Unknown</i>
Other Hazmat in Vicinity	<i>Unknown</i>

Injured	<i>0</i>	Taken To:
Dead	<i>0</i>	

Additional Information - OVER

Possible Health Effects/Medical Info

Empty rectangular box for health effects information.

RESPONSE INFORMATION: How does the SENIOR FIREMAN ON THE SCENE Classify the incident: Emergency Condition Level (ESC)? Level I Level II Level III *N/A*

HAZMAT INCIDENT INFORMATION SUMMARY FORM (Cont)

Agencies Contacted.

*Federal/National CHEMTRAC 1-800-424-9300 Time Date *8-13-13*
NRC 1-800-424-8802 Time Date
State Agencies OH EPA 1-800-282-9378 Time Date *8-13-13*
1-614-224-0946

*** MUST be notified for all Chemical Accidents, Releases and Incidents**

County/Local Agencies/Organizations/Department.

Name of Agency/Individual	Telephone Number	Time/Date	Remarks

Additional Remarks and Comments.

Empty rectangular box for additional remarks.

*EPA # 1308-23-1686
checking ground samples for PCB
10x15 x 4 inch deep excavated.*