

# FORM A

## Hazardous Materials Incidents / Accidents / Continuous Releases

REPORT INCIDENT IMMEDIATELY to KANSAS EMERGENCY MANAGEMENT (KEM), telephone (785) 296-8013 or (800) 275-0297. THIS COMPLETED FORM must be mailed to KEM, Technological Hazards Section, 2800 SW Topeka Blvd., Topeka, KS 66611-1287 or faxed to (785) 274-1426 within one business day of the verbal report. If the commodity/chemical is an EPCRA EHS or a CERCLA Hazardous Substance a written after action report must be sent to the local LEPC(s) and CEPR/SERC(s) affected within 7 calendar days following the release. Form A(s) may be used as the after action report to KEM ONLY IF an updated Form A is submitted after the incident has concluded and information on any known or anticipated acute or chronic health risks associated with the release is attached.

- The following fields may have multiple entries: Commodity, Physical Form, Incident Mode, Truck/Trailer Number, Railcar Number, and Placard. If there is not enough room on this form to report these fields or "What Happened" or "Actions Taken to Remediate the Incident" please attach another page with the additional details.
- 1. KEM CONFIRMATION NUMBER: \_\_\_\_\_ IS THIS AN UPDATE TO A PREVIOUSLY SUBMITTED FORM A: YES ( ) NO ( )
- 2. IF A CONTINUOUS RELEASE ENTER STATE CR-ERNS #: \_\_\_\_\_ DUN & BRADSTREET #: \_\_\_\_\_

Caller	3. PERSON INITIATING THE CALL: _____ SPILLER: YES ( ) NO ( )						
	Name	Title or Position					
	4. REPRESENTING: _____ ( ) _____ Ext. _____						
	Organization	Call Back Number					
	5. ORGANIZATION ADDRESS: _____						
	Street	City County					
Incident	INITIAL	A.M.	DATE	INCIDENT	A.M.	DATE	
	6. NOTIFICATION: TIME _____ P.M. _____		DISCOVERY: TIME _____ P.M. _____				
	7. LOCATION: CITY _____		COUNTY _____				
	8. INCIDENT ADDRESS/LOCATION:(e.g. milepost, HWY, RR, intersection, TWP/RANGE, LAT./LONG.) _____						
	9. MANUFACTURER AND/OR SHIPPER: _____						
	10. CAUSE OF RELEASE:(CHECK ALL THAT APPLY) EXPLOSION ( ) FIRE ( ) SPILL ( ) EQUIPMENT FAILURE ( )						
	OPERATOR ERROR ( ) NATURAL PHENOMENON ( ) DUMPING ( ) OTHER ( ) _____						
	11. INCIDENT MODE: Motor Carrier( ) Fixed Facility( ) Pipe Line( ) Rail( ) OTHER( ) _____						
	12. WHAT HAPPENED: _____						
	_____						
	_____						
	13. WIND CONDITIONS: DIRECTION _____ SPEED _____ (e.g. 0-5 mph, 6-10 mph and 11> mph)						
	14. WEATHER TYPE: (e.g. Sunshine, Rain, Snow, Sleet, Ice, Fog, etc.) _____						
	15. ARE THERE ANY RESIDENCES WITHIN ¼ MILE: YES ( ) APPROXIMATE NUMBER: _____						
	16. PERSONAL INJURIES: YES( ) NO ( ) NUMBER: _____ FATALITIES: YES( ) NO ( ) NUMBER: _____						
17a. EMERGENCY CREWS ON SCENE: (CHECK ALL THAT APPLY) FIRE ( ) POLICE ( ) SHERIFF ( ) HWY PATROL ( )							
AMBULANCE ( ) EMERGENCY MANAGEMENT ( ) OTHER ( ) _____							
17b. IS INCIDENT AREA SECURED: YES( ) NO ( )							

# FORM A CONTINUED

* Commodity	<p>18. NAME OF COMMODITY/CHEMICAL: _____</p> <p>19. NAME OF PLACARD (UN NUMBER) APPLIED: _____ CAS NUMBER _____</p> <p>20. TOTAL RELEASED: _____ AMOUNT INTO WATER: _____ CAPACITY OF CONTAINER: _____ UNITS: _____  <small>(Units examples: lbs, gal, bbl, tons, drum, g, µg)</small></p> <p>21. PHYSICAL FORM: (CHECK ALL THAT APPLY) LIQUID ( ) SOLID ( ) GAS ( )</p> <p>22. CARRIER NAME: _____</p> <p>23. TRUCK/TRAIN NUMBER: _____ TRAILER/RAILCAR NUMBER: _____</p> <p>24. MEDIUM AFFECTED: (CHECK ALL THAT APPLY) NONE ( ) AIR ( ) WATER ( ) SOIL ( ) GROUNDWATER ( )  <small>WITHIN FACILITY ( ) OTHER ( ) _____</small></p> <p>If released to water: Type of waterway _____  Name of waterway if known _____</p>			
Actions	<p>25. * ACTIONS TAKEN TO REMEDIATE INCIDENT: _____</p> <p>26. DID EVACUATIONS OCCUR: YES ( ) NO ( ) NUMBER EVACUATED: FACILITY _____ PUBLIC _____</p> <p>27. DID SHELTER IN PLACE OCCUR: YES ( ) NO ( ) NUMBER SHELTERED IN PLACE: _____</p> <p>28. BOUNDARIES OF EVACUATED or SHELTER IN PLACE AREA: _____</p> <p>29. * WHAT OTHER PROTECTIVE ACTION MEASURES WERE RECOMMENDED: _____</p>			
Reporting	<p>WAS A REPORT MADE TO THE FOLLOWING AGENCIES:</p> <p>LOCAL EMERGENCY PLANNING COMMITTEE ..... ( )</p> <p>NATIONAL RESPONSE CENTER (NRC) - (800) 424-8802 ..... ( ) CASE # (if known): _____</p> <p>KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT (KDHE) (785) 296-1679 ..... ( ) CASE # (if known): _____</p> <p>REPORT TAKEN BY: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; text-align: center;">Name</td> <td style="width: 40%; text-align: center;">Title or Position</td> <td style="width: 30%; text-align: center;">Agency</td> </tr> </table> <p><small>This is for other agencies outside of the spiller's company who receive the notification from the spiller. e.g. 911 dispatcher, local emergency management, etc.</small></p>	Name	Title or Position	Agency
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