

**FAIRFIELD COUNTY, OHIO**  
**HAZMAT INCIDENT INFORMATION COLLECTION FORM**

Report Taken By	
Date/Time of Accident:	
Agency/Department	
Reported By	

Date Received	
Time Call Received	

**INCIDENT INFORMATION**

Nature of the Accident	
Location of the Accident	

Name(s) of Chemical Materials

#1	CAS Number
#2	CAS Number
#3	CAS Number

Placard Type and Name	
Characteristics (Smell, Color State, etc.)	
Container Type (Truck, Rail, Facility, Drum, etc.)	
Amount of Material Released	
Amount that may be Released	

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

Wind Speed (MPH)	
Direction (From/To)	
Temp	
Weather	

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

--

Nearby Buildings (Schools, Homes, Nursing Homes, Offices)	
Nearby Population (Where, Numbers)	
Other Hazmat in Vicinity	

Injured		Taken To:
Dead		

Additional Information - OVER

