

MDCH/DEOE – MERCURY INVESTIGATION REPORT

Contact Information

Name:			Date: / /		
Address:					
City:	County:	Zip:	Ph: ()		
MI					
Report source:					

Instrument Information

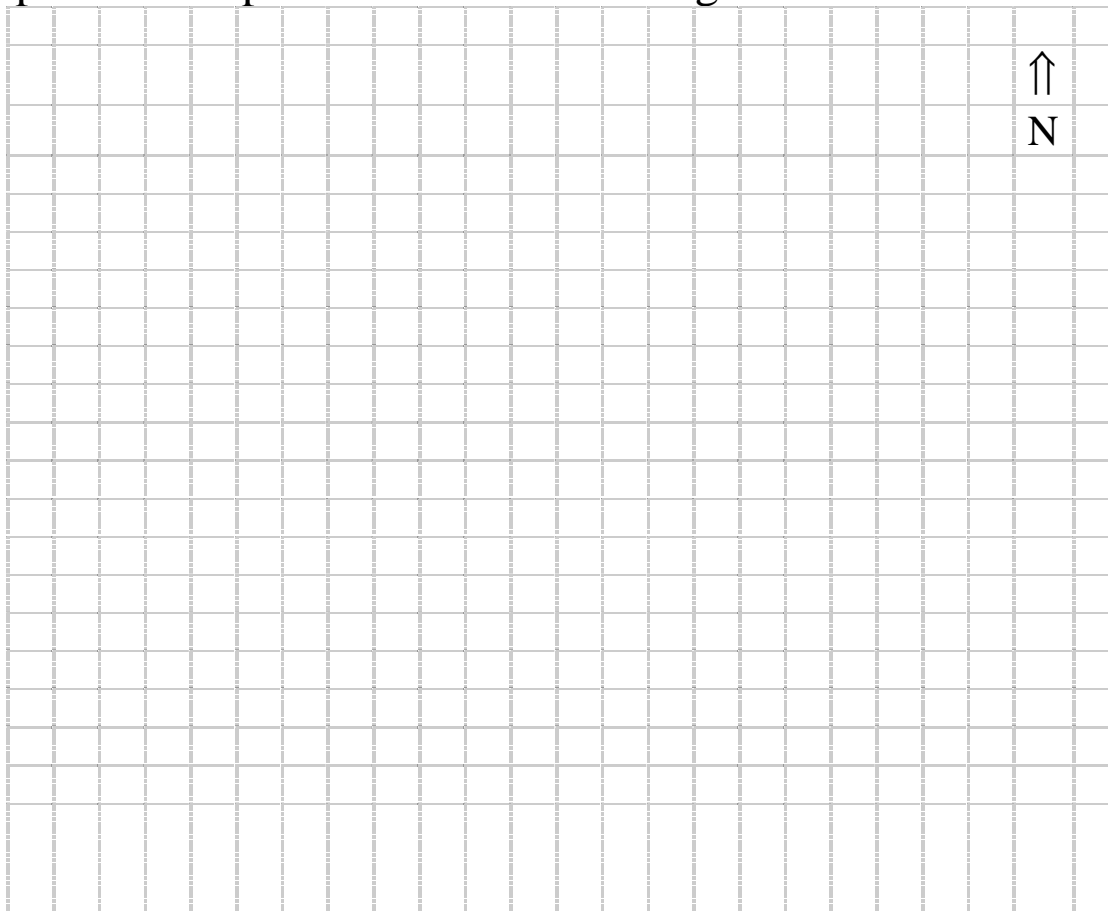
Instrument : Lumex #	%R:	Temperature:
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Incident Information

Spill location setting:			Incident date: / /		
Mercury Source: _____			Est. Amount :		
People present:	Pregnant?	Children ?	ages:		
Measures taken?					

Spill area map

Investigators:



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[illegible]