



SPILL OR RELEASE REPORT

Issued by authority of the Michigan Department of Environmental Quality.

NOTE: Some regulations require a specific form to use and procedures to follow when reporting a release. Those forms and procedures **MUST** be used and followed if reporting under those regulations. This report form is to aid persons reporting releases under regulations that do not require a specific form. This report form is not required to be used. **To report a release, some regulations require a facility to call the PEAS Hotline at 800-292-4706 (or the DEQ District Office that oversees the county where it occurred) and other agencies and provide information that is included in this form. A written follow-up report might be required. This form may be used for the written follow-up report and to document the initial report. If you prefer to submit this report electronically by FAX or e-mail, contact the regulating agency for the correct telephone number or e-mail address. Go to www.michigan.gov/chemrelease for more information.**

Please print or type all information.

Name and Title of Person Submitting Written Report		Telephone Number (provide area code) ()		
Name of Business	RELEASE LOCATION (Provide address if different than business, if known, and give directions to the spill location. Include nearest highway, town, road intersection, etc.)			
Street Address				
City, State, ZIP				
Business Telephone Number (provide area code) ()				
SITE IDENTIFICATION NUMBER AND OTHER IDENTIFYING NUMBERS (if applicable)		County	Township	Tier/Range/Section (if known)

RELEASE DATA: Complete all applicable categories. Check all the boxes that apply to the release. Provide the best available information regarding the release and its impacts. Attach additional pages if necessary.

DATE & TIME OF RELEASE (if known) ____/____/____ ____ am/pm	DATE & TIME OF DISCOVERY ____/____/____ ____ am/pm	DURATION OF RELEASE (if known) ____ days ____ hours ____ minutes	TYPE OF INCIDENT <input type="checkbox"/> Explosion <input type="checkbox"/> Fire <input type="checkbox"/> Leaking container <input type="checkbox"/> Other _____	<input type="checkbox"/> Loading/unloading release <input type="checkbox"/> Pipe/valve leak or rupture <input type="checkbox"/> Vehicle accident
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MATERIAL RELEASED (chemical or trade name) <input type="checkbox"/> CHECK HERE IF ADDITIONAL MATERIALS LISTED ON ATTACHED PAGE.	CAS NUMBER OR HAZARDOUS WASTE CODE	ESTIMATED QUANTITY RELEASED (indicate unit e.g. lbs, gals, cu ft or yds)	PHYSICAL STATE RELEASED (indicate if solid, liquid, or gas)
_____	_____	_____	_____

FACTORS CONTRIBUTING TO RELEASE <input type="checkbox"/> Equipment failure <input type="checkbox"/> Operator error <input type="checkbox"/> Faulty process design <input type="checkbox"/> Training deficiencies <input type="checkbox"/> Unusual weather conditions <input type="checkbox"/> Other _____	SOURCE OF LOSS <input type="checkbox"/> Container <input type="checkbox"/> Railroad car <input type="checkbox"/> Pipeline <input type="checkbox"/> Ship <input type="checkbox"/> Tank <input type="checkbox"/> Other _____ <input type="checkbox"/> Tanker <input type="checkbox"/> Truck
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TYPE OF MATERIAL RELEASED <input type="checkbox"/> Agricultural: manure, pesticide, fertilizer <input type="checkbox"/> Chemicals <input type="checkbox"/> Flammable or combustible liquid <input type="checkbox"/> Hazardous waste <input type="checkbox"/> Liquid industrial waste <input type="checkbox"/> Oil/petroleum products or waste <input type="checkbox"/> Salt <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	MATERIAL LISTED ON OR DEFINED BY <input type="checkbox"/> CAA Section 112(r) list (40 CFR Part 68) <input type="checkbox"/> CERCLA Table 302.4 (40 CFR Part 302) <input type="checkbox"/> EPCRA Extremely Hazardous Substance (40 CFR Part 355) <input type="checkbox"/> NREPA Part 31, Part 5 Rules polluting material <input type="checkbox"/> NREPA Part 111 or RCRA hazardous waste <input type="checkbox"/> NREPA Part 121 liquid industrial waste <input type="checkbox"/> Other list _____ <input type="checkbox"/> Unknown	IMMEDIATE ACTIONS TAKEN <input type="checkbox"/> Containment <input type="checkbox"/> Dilution <input type="checkbox"/> Evacuation <input type="checkbox"/> Hazard removal <input type="checkbox"/> Neutralization <input type="checkbox"/> System shut down <input type="checkbox"/> Other _____ <input type="checkbox"/> Diversion of release to treatment <input type="checkbox"/> Decontamination of persons or equipment <input type="checkbox"/> Monitoring
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RELEASE REACHED <input type="checkbox"/> Surface waters (include name of river, lake, drain involved) _____ <input type="checkbox"/> Drain connected to sanitary sewer (include name of wastewater treatment plant and/or street drain, if known) _____ <input type="checkbox"/> Drain connected to storm sewer (include name of drain or water body it discharges into, if known) _____ <input type="checkbox"/> Groundwater (indicate if it is a known or suspected drinking water source and include name of aquifer, if known) _____ <input type="checkbox"/> Soils (include type e.g. clay, sand, loam, etc.) _____ <input type="checkbox"/> Ambient Air <input type="checkbox"/> Spill contained on impervious surface	Distance from spill location to surface water, in feet _____
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EXTENT OF INJURIES (if any)	WAS ANYONE HOSPITALIZED? <input type="checkbox"/> Yes Number Hospitalized: _____ <input type="checkbox"/> No	NUMBER OF INJURIES TREATED ON SITE																																																					
Describe the incident, the type of equipment involved in the release, how the volume of loss was determined, along with any resulting environmental damage caused by the release. Identify who immediately responded to the incident (own employees or contractor — include cleanup company name, contact person, and telephone number). Also identify who did further cleanup activities if performed or known when report submitted. <input type="checkbox"/> CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE																																																							
Estimated quantity of any recovered materials and a description of how those materials were managed (include disposal method if applicable) <input type="checkbox"/> CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE																																																							
Assessment of actual or potential hazards to human health (Include known acute or immediate and chronic or delayed effects, and where appropriate, advice regarding medical attention necessary for exposed individuals.) <input type="checkbox"/> CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE																																																							
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY NOTIFIED: INITIAL CONTACT BY: <input type="checkbox"/> Telephone <input type="checkbox"/> FAX <input type="checkbox"/> Email <input type="checkbox"/> Other DATE/TIME INITIAL CONTACT: _____ <input type="checkbox"/> PEAS: 800-292-4706 Log Number Assigned _____ <input type="checkbox"/> DEQ District or Field Office Divisions or Offices Contacted: <input type="checkbox"/> Bay City <input type="checkbox"/> Gwinn <input type="checkbox"/> Air Quality <input type="checkbox"/> Cadillac <input type="checkbox"/> Jackson <input type="checkbox"/> Remediation <input type="checkbox"/> Calumet <input type="checkbox"/> Kalamazoo <input type="checkbox"/> Office Geological Survey <input type="checkbox"/> Crystal Falls <input type="checkbox"/> Lansing <input type="checkbox"/> Water Resources <input type="checkbox"/> Detroit <input type="checkbox"/> Newberry <input type="checkbox"/> Resource Management <input type="checkbox"/> Gaylord <input type="checkbox"/> Warren <input type="checkbox"/> Grand Rapids NOTE: DEQ Office locations are subject to change NAME AND TITLE OF PERSON MAKING INITIAL REPORT: _____ DEQ STAFF CONTACTED & TELEPHONE NUMBER: _____ _____	OTHER ENTITIES NOTIFIED: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align: center;">Date:</th> <th style="width:10%; text-align: center;">Time:</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> National Response Center (NRC): 800-424-8802</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> US Coast Guard Office:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> Detroit <input type="checkbox"/> Grand Haven <input type="checkbox"/> Sault Ste. 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