

**Event Information – For documentation of known events.**

EVENT NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (county code - year - event)      DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      TIME \_\_\_\_\_ : \_\_\_\_\_ <sup>am</sup>/<sub>pm</sub>

| NUMBER OF PEOPLE     |                          |                          | ASSOCIATED EVENTS                            |  |
|----------------------|--------------------------|--------------------------|--|--|
|                      | <u>Estimated</u>         | <u>Actual</u>            | Was this event associated with other events? |  |
| EXPOSED _____        | <input type="checkbox"/> | <input type="checkbox"/> | Event Numbers:<br><br>Basis for Association: |  |
| DECONTAMINATED _____ | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| ILL OR INJURED _____ | <input type="checkbox"/> | <input type="checkbox"/> |  |  |

**LOCATION**

PRIMARY LOCATION \_\_\_\_\_ STREET \_\_\_\_\_  
 GPS LAT \_\_\_\_\_ N CITY \_\_\_\_\_  
 GPS LONG \_\_\_\_\_ W COUNTY \_\_\_\_\_ ZIP \_\_\_\_\_

**LOCATION TYPE** (Description of location where event/release started. Example: public building, private building, mall, school, public event, road, bridge.)

| WEATHER | GENERAL CONDITIONS  | TEMP | WIND SPEED | WIND DIRECTION | HUMIDITY | BAROMETRIC PRESSURE |
|---------|---------------------|------|------------|----------------|----------|---------------------|
|         | (sun, clouds, rain) | °F   | mph        |                | %        | inches              |

**ADDITIONAL IMPACTED LOCATION**  
 (Brief description of additional location involved in event/release. GPS LAT, GPS LONG, Location Type, Weather)

**RELEASE**

- |   |   |  |
|---|---|--|
| <p><b>ENVIRONMENT</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Indoor</li> <li><input type="checkbox"/> Outdoor</li> <li><input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> Other (Specify in narrative)</li> </ul> | <p><b>TYPE</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Spill</li> <li><input type="checkbox"/> Volatilization</li> <li><input type="checkbox"/> Aerosolized</li> <li><input type="checkbox"/> Fire</li> <li><input type="checkbox"/> Explosion</li> <li><input type="checkbox"/> Other (Specify in narrative)</li> </ul> | <p><b>CONTRIBUTING FACTORS</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Intentional/illegal act</li> <li><input type="checkbox"/> Human error</li> <li><input type="checkbox"/> Equipment failure</li> <li><input type="checkbox"/> Weather/natural disaster</li> <li><input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> Other (Specify in narrative)</li> </ul> |
|---|---|--|

**EVENT NARRATIVE** (Brief description of event and distinguishing characteristics)

**SUBSTANCES**

TOTAL NUMBER OF KNOWN SUBSTANCES REPORTED FOR THIS EVENT: \_\_\_\_\_ **Known** (Identify on next page)

APPROXIMATE NUMBER OF UNKNOWN SUBSTANCES REPORTED FOR THIS EVENT: \_\_\_\_\_ **Unknown**

**SUBSTANCE 1**

CHEMICAL NAME OR TRADE NAME \_\_\_\_\_

CAS NUMBER \_\_\_\_\_ QUANTITY RELEASED \_\_\_\_\_

**SUBSTANCE SPECIFIC  
RELEASE TYPE**

- Spill
- Volatilization
- Aerosolized
- Fire
- Explosion
- Other (specify) \_\_\_\_\_

**POTENTIAL HEALTH EFFECTS**

**SUBSTANCE 2**

CHEMICAL NAME OR TRADE NAME \_\_\_\_\_

CAS NUMBER \_\_\_\_\_ QUANTITY RELEASED \_\_\_\_\_

**SUBSTANCE SPECIFIC  
RELEASE TYPE**

- Spill
- Volatilization
- Aerosolized
- Fire
- Explosion
- Other (specify) \_\_\_\_\_

**POTENTIAL HEALTH EFFECTS**

**SUBSTANCE 3**

CHEMICAL NAME OR TRADE NAME \_\_\_\_\_

CAS NUMBER \_\_\_\_\_ QUANTITY RELEASED \_\_\_\_\_

**SUBSTANCE SPECIFIC  
RELEASE TYPE**

- Spill
- Volatilization
- Aerosolized
- Fire
- Explosion
- Other (specify) \_\_\_\_\_

**POTENTIAL HEALTH EFFECTS**

**SUBSTANCE 4**

CHEMICAL NAME OR TRADE NAME \_\_\_\_\_

CAS NUMBER \_\_\_\_\_ QUANTITY RELEASED \_\_\_\_\_

**SUBSTANCE SPECIFIC  
RELEASE TYPE**

- Spill
- Volatilization
- Aerosolized
- Fire
- Explosion
- Other (specify) \_\_\_\_\_

**POTENTIAL HEALTH EFFECTS**

(Use additional sheets to identify more than 4 substances.)