

Attachment B

Environmental Incident Report Template

POST-INCIDENT REPORT FORM

Location Details

Incident Date: _____ Incident Time: _____

Facility Name and Address: _____

Person Responsible for Reporting: _____ Phone Number: _____

Incident Details

Type of Incident (i.e., Fire, Explosion, Release): _____

Main Activity at Time of Incident: _____

Machinery, Tools, Chemical and/or Materials Involved: _____

Quantity of Materials Involved: _____

Timeline of Events: _____

Additional Details

Description of Actual/Potential Hazards
to Human Health or Environment: _____

Extent of Injuries (if any): _____

Description of Immediate Actions Taken: _____

Assessment of the Scope and Magnitude of the Problem: _____

POST-INCIDENT REPORT FORM

Agency Notification

Agency(s) Notified (e.g., Police, Fire, etc.)

Post-incident implementation schedule

Provide implementation schedule for further response activities, if necessary:

POST-INCIDENT REPORT FORM

Internal Reporting Purposes Only

Root cause of incident: _____

Preventive action(s) to be taken to prevent recurrence: _____

Photo Documentation

<p>Location: Direction of photo: Description: Date:</p>	
<p>Location: Direction of photo: Description: Date:</p>	

POST-INCIDENT REPORT FORM

Photo Documentation Cont'd	
<p>Location: Direction of photo: Description: Date:</p>	
<p>Location: Direction of photo: Description: Date:</p>	
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POST-INCIDENT REPORT FORM

Photo Documentation Cont'd	
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