pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
PROGRAM INTEGRATION OFFICE

PA DEP – EMERGENCY RESPONSE INCIDENT REPORT

INCIDENT			
Brief Description:			
Incident Date & Time:			
Weather Conditions:			
LOCATION			
County:			
Municipality:			
Address / Directions:			
Latitude / Longitude:	Lat:	Lon:	Data Source:
POTENTIAL RESPONSIBLE PARTY			
Contact Person:			
Company / Organization:			
Address:			
Phone Number:			
PROPERTY OWNER / FACILITY CONTACT			
Contact Person:			
Company / Organization:			
Address:			
Phone Number:			
INSURANCE COMPANY INFORMATION			
Contact Person:			
Company:			
Phone Number:			
Policy Number:			
TRANSPORTATION RELATED INFORMATION			
Carrier Contact Person:			
Carrier Company:			
Carrier Address:			
Carrier Phone Number:			
License Plate:	Truck / Tractor:	Trailer:	DOT:
Police Report:	Police Dept.:	Report #:	
CLEANUP CONTRACTOR			
Contact Person:			
Company / Organization:			
Address:			
Phone Number:			
DEP Emerg. Contract:	☐ Yes ☐ No	Estimated Cost: $	

OTHER AGENCIES INVOLVED

Agency	Contact Person	Phone Number

OBSERVATIONS / REMARKS

DEP INCIDENT TYPE

☐ Air Contamination ☐ Land Contamination / Waste ☐ Mining Incident ☐ Oil or Gas Well Incident
☐ Radioactive Material ☐ Storage Tank Incident ☐ Water Contamination ☐ Water Supply Contamination
☐ Other or Non-DEP Incident:

RELEASE TYPE

☐ Discharge / Release ☐ Dumping / Disposal ☐ Fire Related
☐ None ☐ Spill ☐ Unknown
☐ Other:

MEDIA AFFECTED

☐ Air ☐ Land ☐ Surface Water ☐ Ground Water ☐ Within Facility Only ☐ None

Waterway:		☐ Affected ☐ Threatened
Side of Stream Affected:	☐ None / Unknown ☐ Left Descending Bank	☐ Right Descending Bank
Public Water Supply:		☐ Affected ☐ Threatened ☐ Notified
Public Sewage Treat.:		☐ Affected ☐ Threatened ☐ Notified

Endangered Species Impacted:	☐ Yes	☐ No	☐ Unknown	Species:
Endangered Species Habitat Impacted:	☐ Yes	☐ No	☐ Unknown	Species:
Migratory Bird Impacted:	☐ Yes	☐ No	☐ Unknown	Species:
Cultural Resource Impacted:	☐ Yes	☐ No	☐ Unknown	Type:

SUBSTANCES(S) INVOLVED

Substance	CAS Number	Lowest Published Exp. Limit	Total Amt. Involved	Amt. Released	Amt. Recovered

SOURCE OF MATERIAL

☐ Above Ground Storage Tank ☐ Highway – Cargo ☐ Highway – Fuel / Fluids ☐ Industrial / Commercial
☐ Mining / Quarry ☐ None ☐ Oil / Gas Well ☐ Pipeline
☐ Railway (Train) ☐ Residential / Community ☐ Underground Storage Tank ☐ Unknown
☐ Vessel (Boat) ☐ Other:

MONITORING INFORMATION

Air Monitoring:	☐ LEL %LEL:	☐ O_2 %O_2:	☐ VOC VOC:	☐ CO CO:	☐ H_2S H_2S:	☐ Other: Other:
Radiation Monitoring:	☐ Gamma (NaI Detector) ☐ Alpha/Beta/Gamma (Pancake Detector)					
Water Quality Monitoring:	☐ pH pH:	☐ DO DO:	☐ Conductivity Conductivity:	☐ Chlorine Chlorine:	☐ Temp Temp:	
Monitoring Results: (See Detailed Notes Section)						

SAMPLE INFORMATION

Sample(s) Collected:	☐ Yes ☐ No
Sample Description(s):	

DEP MATERIALS / EQUIPMENT USED (Sorbents, Test Strips, Meters, etc.)

DEP RESPONDER INFORMATION

Name	Title	Phone
Name:	Title:	Phone:

Mileage (Portal-to-Protal):	Response Time (Includes travel & Documentation) :	Reg. Hrs.	OT Hrs.

PROGRAM REFERRAL (For Information and/or Follow up)

Program	Staff Notified	Date	Via
			☐ Email ☐ Phone ☐ In Person
			☐ Email ☐ Phone ☐ In Person

MAPS / PHOTOGRAPHS / ATTACHMENTS

Insert Map Here
Map Showing Location of Item

Insert Aerial Image or Topo Map Here
Aerial Image / Topo Map Showing Location of Item

Insert Photo Here **Description of Photo** **Source: Source, Date @ Time**	**Insert Photo Here** **Description of Photo** **Source: Source, Date @ Time**
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