

04-05-421271
 SUBSTANCE SPILL/RELEASE ALERT FORM

| | | |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Spill No./Notification Date and Military Time 93 05 02 1830 YY MM DD TIME | Information should be reported to: Department of Military Affairs Wisconsin Division of Emergency Government 4802 Sheboygan Ave., Room 99A, P.O.Box 7865 Madison, Wisconsin 53707-7865 (608) 266-3232 FAX (608) 266-1569 | Date and Military Time of Incident 93 05 02 0730 YY MM DD TIME County: Brown |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|

REPORTING INFORMATION

| | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Reported by: <u>Mark Resmer</u> (name) Address _____ City _____ State _____ Zip _____ Telephone <u>414-498-9812</u> | Person/Firm Responsible: <u>F. Howard Paper</u> Address <u>1195 Broadway</u> City <u>Gr. Bay</u> State <u>WI</u> Zip _____ Telephone _____ |
| Spill Contact Person/Firm: _____ Address _____ (if different from above) Telephone _____ City _____ State _____ Zip _____ | |

SUBSTANCE INFORMATION

Name of Substance/Quantity Involved: Chlorine gas - 136 lbs.
 EHS Chemical CERCLA Chemical Unknown

| CAS # | Placard # | Quantity | Solid | Powder | Liquid | Vapor | Gas | Radio-Active | Unknown | Color | Odor |
|-------|-----------|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|-------|
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

SITE INFORMATION

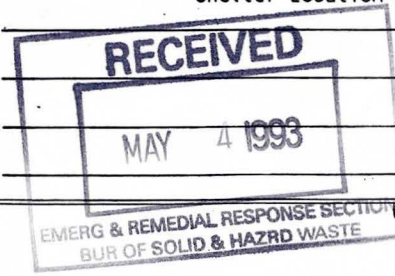
Exact Location of Spill/Release (include Street Address, County, City, Village, Town, Highway, Intersection, Mileage, etc.):
Out of stock at above location. Above allowable limits.

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Source of Spill <input type="checkbox"/> Transportation <input type="checkbox"/> Manufacture <input type="checkbox"/> Agriculture <input type="checkbox"/> Public Property <input type="checkbox"/> Construction <input type="checkbox"/> Business <input type="checkbox"/> Private Property <input type="checkbox"/> Other _____ Weather Conditions _____ Wind Speed and Direction _____ <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input checked="" type="checkbox"/> Other: <u>light</u> | Spill Destination <input type="checkbox"/> Soil <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other _____ <input type="checkbox"/> Surface Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Name: _____ <input type="checkbox"/> Ground Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Distance to nearest drinking water well: _____ feet |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

PUBLIC HEALTH INFORMATION

Recommended safety precautions (known acute/chronic health risks): _____

| | No | Unknown | Yes | Number | Shelter Location and Name |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| Injuries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Fatalities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Facility Evacuated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Public Evacuated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Shelter facility: | | | | | |
| Hospital | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| School | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other/Type | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |



Closed 5/2/93

VA 2/28/18

04-2-1987

100107-28190

RESPONSE INFORMATION

Local Responder on Scene (Give name of response agencies)

- Fire _____
- Law Enforcement _____
- DNR _____
- County EG _____
- EMS _____
- Other: _____

Incident Commander

Name _____

Title _____

Dept. _____

Telephone _____

No further follow-up or state assistance required

List of contacts made by responsible party/firm or individual reporting incident:

| Agency | Telephone Number | Contact Name |
|----------------------------------------------------------------------------|------------------|------------------|
| <input checked="" type="checkbox"/> Dist. Dept. of Natural Resources (DNR) | _____ | <i>Rick Walk</i> |
| <input checked="" type="checkbox"/> Loc. Emer. Planning Committee (LEPC) | _____ | _____ |
| <input type="checkbox"/> Local Public Health | _____ | _____ |
| <input type="checkbox"/> CHEMTREC | 1-800-424-9300 | _____ |
| <input checked="" type="checkbox"/> National Response Center (NRC) | _____ | _____ |

Narrative: Cause of incident/Actions being taken/Other information:

Due to loss power no scrubber action on release

DEG DUTY OFFICER CONTACTS

| Agency | Telephone Number | Contact Name |
|------------------------------------------------------------------------------------|------------------|--------------|
| <input type="checkbox"/> DNR (days) | (608) 266-2141 | _____ |
| <input checked="" type="checkbox"/> DNR (Duty Officer pager) | _____ | _____ |
| <input type="checkbox"/> DOT/State Patrol | (608) 246-3228 | _____ |
| <input type="checkbox"/> DH&SS | (608) 266-2830 | _____ |
| <input type="checkbox"/> DILHR | _____ | _____ |
| <input type="checkbox"/> DATCP | _____ | _____ |
| <input type="checkbox"/> NRC | 1-800-424-8802 | _____ |
| <input type="checkbox"/> Area Director | _____ | _____ |
| <input type="checkbox"/> DEG, Dir. Bureau of Field Services and Disaster Resources | _____ | _____ |

INCIDENT FOLLOW-UP (to include date and time)

AGENCY DEFINITIONS

| | | | |
|------------------|---------------------------------------|-------|-----------------------------------------------------|
| DEG | Div. of Emerg Government | NRC | Nat'l Response Center (Federal Reporting) |
| CHEMTREC | Chemical Transportation Emerg. Center | | Environmental Protection Agency US Coast Guard |
| DNR | Department of Natural Resources | DILHR | Dept. of Industry, Labor and Human Relations |
| DOT/State Patrol | Dept. of Transportation | DATCP | Dept. of Agriculture, Trade and Consumer Protection |
| DH&SS | Dept. of Health & Social Services | | |

Reminder: If the release is of an EHS or CERCLA chemical at or above the reportable quantity, the responsible party must also submit a follow-up written report per Fed. Statutes, as soon as practicable, to the State Emergency Response Board, Box 7865, Madison, WI 53707-7865, the Local Emergency Planning Committee and the NRC.

Signature of DEG Duty Officer

Signature of Preparer