

04-05-421204

State Div. Emergency Gov't. (608) 266-3232
U.S. Nat'l. Response Center (800) 424-8802
Chemtrec/Pesticides/Chlorine (800) 424-9300

Spill ID Number
Y Y M M D D 0-99

4405-421204

Date of Incident 3-5-94	Day of Week Sat.	Time of Incident 2:00	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) DAVID WOODBURY	Telephone Number ()
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Date Reported 3-5-94	Day of Week Sat.	Time Reported 4:00	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting DNR DUTY OFFICER	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Substance Involved CHLORINE	Quantity 42.8	Units lbs	Person or Firm Responsible FORT HOWARD PAPER
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Substance Involved CHLORINE DIOXIDE	Quantity 12.6	Units lbs	Contact Name ROBERT BURNS	Telephone Number (414) 435-8821	Ext.- 2019
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Physical Characteristics

Solid Liquid Semisolid Gas

Color _____ Odor _____

Address - Street or Route
1919 S. BROADWAY, P.O. BOX 19130

City, State, Zip Code
GREEN BAY, WI 54307-9130

Cause of Incident **Electrical power system failed-
causing scrubber shutdown.**

Exact Location Description (intersection, mileage, etc.)

Action Taken By Spiller

No Action Taken No Notification Investigate

County Location **Brown**

Groundwaters Affected Yes No Potential

Containment; Type _____

Cleanup; Method _____

Amount Recovered **None - air discharge**

DNR Dist **LMD** DNR Area **GBA**

Surface Waters Affected Yes No Potential

Monitor _____

Contractor Hired; Name _____

Other Action _____

Date District Notified _____ Day of Week _____ Time District Notified _____

Spill Location

Industrial Facility/Paper Mill/Chem. Co.

District Person Notified _____ Telephone Number ()

Gas/Service Station/Garage, Auto Dealer, Repair Shop

Date Investigated _____ Day of Week _____ Time Investigated _____

Ag Coop/Facility/Cheese Factory/Creamery

Person Investigating _____ Telephone Number ()

Other Small Business (bank, grocery, insurance co., etc.)

Action Taken By DNR

Public Property (city, county, state, church, school, etc.)

No Action Taken Investigation Supervise/Conduct Cleanup

Utility Co., Power Generating/Transfer Facility

Spiller Required To Take Action; Type _____

Private Property (home/farm)

Contractor Hired By DNR; Name _____

Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler

Amount Recovered _____

Transportation Accident, Fuel Supply Tank Spill

29.29 Enforcement

Transportation Accident, Load Spill

Other Agencies on Scene _____

Construction, Excavation, Wrecking, Quarry, Mine

Local _____

Other _____

State _____

Person Filing This Report (print name)
Thomas R. Hansen

Federal _____

Signature *Thomas R. Hansen* Date Signed **3/9/94**

Additional Comments:
Robert Burns advised that the electrical power system failure resulted in the entire Ft. Howard complex shutting down. This resulted in the scrubbers also shutting down that allowed the release into the air.

Closed 3/9/94

AIR

SUBSTANCE SPILL/RELEASE ALERT FORM

Spill No./Notification Date and Military Time <u>94 3 5 1605</u> 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 <u>94 3 5 1400</u> YY MM DD TIME County: <u>Brown</u>
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REPORTING INFORMATION	
Reported by: <u>JACKIE POWELL</u> (name)	Person/Firm Responsible: <u>FT HOWARD CORP</u>
Address <u>1919 SO BROADWAY</u>	Address <u>SAME</u>
City <u>GREEN BAY</u> State <u>WI</u> Zip <u>53404</u>	City _____ State _____ Zip _____
Telephone <u>(414) 435-8821-X4003</u>	Telephone _____

Spill Contact Person/Firm: _____ (if different from above)	Address _____
Telephone _____	City _____ State _____ Zip _____

SUBSTANCE INFORMATION	
Name of Substance/Quantity Involved: <u>~ 100 LBS CHLORINE</u>	
<input type="checkbox"/> EHS Chemical <input type="checkbox"/> CERCLA Chemical <input type="checkbox"/> Unknown	

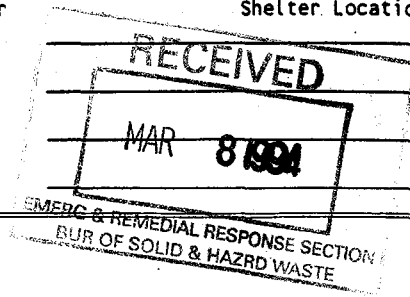
CAS #	Placard #	Quantity	Solid	Powder	Liquid	Vapor	Gas	Radio-Active	Unknown	Color	Odor
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u>WB</u>
_____	_____	_____	<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.): <u>SAME</u>	

Source of Spill		Spill Destination	
<input type="checkbox"/> Transportation <input type="checkbox"/> Manufacture <input type="checkbox"/> Agriculture <input type="checkbox"/> Public Property <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Business <input type="checkbox"/> Private Property <input type="checkbox"/> Other _____	<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"/> Surface Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential	Weather Conditions Wind Speed and Direction <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Other: _____	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	
Fatalities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	
Facility Evacuated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	
Public Evacuated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	
Shelter facility:					
Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	
School	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	
Other/Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	



RESPONSE INFORMATION

Local Responder on Scene (Give name of response agencies)

<input type="checkbox"/> Fire _____	Incident Commander _____
<input type="checkbox"/> Law Enforcement _____	Name _____
<input type="checkbox"/> DNR _____	Title _____
<input type="checkbox"/> County EG _____	Dept. _____
<input type="checkbox"/> EMS _____	Telephone _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> 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)	<u>(414) 448-5132</u>	<u>NO ANSWER</u>
<input checked="" type="checkbox"/> Loc. Emer. Planning Committee (LEPC)	<u>(414) 448-4200</u>	<u>ASKED IF NEEDED ASSISTANCE REPORT ON MONDAY</u>
<input type="checkbox"/> Local Public Health	_____	_____
<input type="checkbox"/> CHEMTREC	<u>1-800-424-9300</u>	_____
<input checked="" type="checkbox"/> National Response Center (NRC)	<u>1-800-424-8802</u>	<u>Petty OFFICER DEEGAN</u>

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

POWER FAILURE, LOSS OF SCRUBBERS & RELEASE THROUGH STACK
LIQUID SPILL ON FLOOR, LOSS OF PUMPS. LIQUID CONTAINED
SCRUBBER OUT FOR 15 MINUTES = LENGTH OF RELEASE INTO
ATMOSPHERE. LIQUID RELEASE CONTAINED & BEING NEUTRALIZED

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input type="checkbox"/> DNR (days)	<u>(608) 266-2141</u>	_____
<input checked="" type="checkbox"/> DNR (Duty Officer pager)	_____	<u>DAVE WOODBURY</u>
<input type="checkbox"/> DOT/State Patrol	<u>(608) 246-3228</u>	_____
<input type="checkbox"/> DH&SS	_____	_____
<input type="checkbox"/> DILHR	_____	_____
<input type="checkbox"/> DATCP	_____	_____
<input type="checkbox"/> NRC	<u>1-800-424-8802</u>	_____
<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.

Marcia Smith
 Signature of DEG Duty Officer

Marcia Smith
 Signature of Preparer