

24-Hour Emergency Hotline Number: 1-800-943-0003

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Date & Military Time Of Incident: 03/17/2002 1303		Date & Military Time Reported: 03/17/2002 1305		Spill File # nor03172002 01 <i>04-16-361508</i>	
Person Reporting: Kelly Cresap		Representing: Murphy Oil		Phone # (715)398-8220 Fax # ()	
Responsible Party (RP) / Spiller: Murphy Oil		RP Decision Based On:		Phone # () Fax # ()	
RP Address: <i>2407 Stinson Ave</i>				City State Zip Code Superior WI 54880	
RP Contact Name & Title:				Phone # () Fax # ()	
Substance Involved: Sulfur Dioxide		Amount & Units Released: <i>unknown</i>		Amount & Units Recovered:	
<input type="checkbox"/> Solid <input type="checkbox"/> Semisolid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas		Color:		Odor:	
Exact Location Of Incident: (including street name, bldg. #, mileage, etc.) Murphy Oil Refinery, Superior WI				Facility Name / Property Owner:	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township Superior		County Douglas		Latitude/Longitude	
DNR Region: NOR		<i>NW 1/4 NW 1/4 Sec 36 T49N R4</i> <input type="checkbox"/> E <input checked="" type="checkbox"/> W		Weather Conditions:	
Cause Of Incident: Malfunction of air pollution equipment. Cresap stated the a PLC Controller malfunctioned and this resulted in a breaker trip.					
Spilled Substance Impact To: (check X all that apply) <input checked="" type="checkbox"/> Air <input type="checkbox"/> Potential <input type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Potential <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Groundwater <input type="checkbox"/> Potential <input type="checkbox"/> Private Well <input type="checkbox"/> Potential <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Soil <input type="checkbox"/> Potential <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Surface Water <input type="checkbox"/> Potential Name: <input type="checkbox"/> Other:		Spill Cause/Site: <input type="checkbox"/> Ag Coop/Food Factory <input type="checkbox"/> Airport Facility <input type="checkbox"/> Railroad Facility <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine <input type="checkbox"/> Gas/Service Station/Garage/Auto Dealer/Repair Shop <input type="checkbox"/> Hydraulic Line Break <input type="checkbox"/> Industrial Facility <input type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Co. <input checked="" type="checkbox"/> Pipeline/Terminal/Tank Farm/Oil Jobber/Wholesaler <input type="checkbox"/> Private Property (home/farm) <input type="checkbox"/> Public Property (city, state, church, school, etc.) <input type="checkbox"/> Transportation Accident, Fuel Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input type="checkbox"/> Utility Co. Power Generating/Transfer Facility <input type="checkbox"/> Other:		Action Taken By Spiller: <input type="checkbox"/> Cleanup Method: <input type="checkbox"/> Absorbent <input type="checkbox"/> Excavation <input type="checkbox"/> <input type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: <input checked="" type="checkbox"/> Monitor <input type="checkbox"/> No Action Needed <input type="checkbox"/> No Action Taken <input type="checkbox"/> Waste Destination: <input type="checkbox"/> Other:	
Injuries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how many?		Has An Evacuation Occurred? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Potential? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are There Any Resource Damages? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential What Kind?					
Other Agencies Notified: (check first column, if notified; check both columns, if on the scene) <input type="checkbox"/> Fire Department <input type="checkbox"/> Local DNR <input type="checkbox"/> EPA <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Div. Emerg. Mgt. <input type="checkbox"/> Nat'l Resp Ctr 800-442-8802 <input type="checkbox"/> LEPC or Local Emer. Mgt. <input type="checkbox"/> Coast Guard <input type="checkbox"/> Chemtrec 800-424-9300 <input type="checkbox"/> Level A/Level B Team <input type="checkbox"/> DHFS 608-258-0099 <input type="checkbox"/> Other:				Incident Commander: Phone # ()	
Prepared By: Randall J. Stark		Phone # 608 266-2425		Date: 03/17/02	
Person Notified: Randall J Stark		Phone # 608 266-2425		Date: 03/17/02	
Investigated By:		Sign:		Date:	
Spill Coordinator Signoff: <i>Norman Ambar</i>		Date: <i>7/11/02</i>		Transferred To: ERP <input type="checkbox"/> DATCP <input type="checkbox"/> Date: Case #	
				Incident Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>7/11/02</i>	
				NFA Letter Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Spill Packet Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No To:	
<input checked="" type="checkbox"/> See Additional Comments On Reverse Please, print page 2 of 2					