

04-71-046345

SUBSTANCE SPILL/RELEASE ALERT FORM

911001-07

04-71-046345

Spill No./Notification Date and Military Time <u>91 10 1</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>91 10 01 9:30</u> YY MM DD TIME County: <u>Levinneba</u>
--	--	---

REPORTING INFORMATION			
Reported by: <u>Thatcher Peterson</u> (name) Address: <u>Oshkosh Trucking</u> City: <u>Oshkosh</u> State: _____ Zip: <u>54901</u> Telephone: <u>414 235 9151</u>	Person/Firm Responsible: <u>Bob Fox</u> Address: <u>SAME</u> City: _____ State: _____ Zip: _____ Telephone: <u>X2420</u>		
Spill Contact Person/Firm: _____ Address: _____ (if different from above) Telephone: _____ City: _____ State: _____ Zip: _____			

SUBSTANCE INFORMATION											
Name of Substance/Quantity Involved: <u>3-5 gal Motor Oil SAE 40</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 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.): <u>333 W 29th Street, Oshkosh</u>	
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 checked="" type="checkbox"/> Business <input type="checkbox"/> Private Property <input type="checkbox"/> Other _____	Spill Destination <input checked="" type="checkbox"/> Soil/gravel <input 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
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: _____	

PUBLIC HEALTH INFORMATION				
Recommended safety precautions (known acute/chronic health risks): _____ _____				
Injuries Fatalities Facility Evacuated Public Evacuated Shelter facility: Hospital School Other/Type	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	<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"/> []	Shelter Location and Name <u>Closed 10/2/91</u> <u>SPR 7/26/97</u>

Called to Lms on 10/1/91 at 11:06 to Commil Sahrann 414-492-5813



OSHKOSH TRUCK CORPORATION

P.O. BOX 2566 • 2307 OREGON ST. • OSHKOSH, WI 54903-2566 U.S.A.

TELEPHONE 414-235-9150 • TWX 910-266-1060 • TELEX 260197

PARTS AND SERVICE • TWX 910-266-1065 • TELEX 262750

OCT 10 1991

RECEIVED

OCT 04 1991

DIV. EMERG. GOV'T.

CERTIFIED MAIL

October 2, 1991

Division of Emergency Government
4802 Sheboygan Avenue, Room 99A
P O Box 7865
Madison, WI 53707-7865

Dear Sir/Madam:

I am enclosing a written follow-up notice reporting form in reference to our telephone call to your office on October 1, 1991.

Sincerely,

A handwritten signature in cursive script, appearing to read "Robert Fox".

Robert Fox
Safety Director

cc: Mr. Ed Misch - Winnebago County Emergency Government
Mr. Thatcher Peterson, Oshkosh Truck Corp.

Encl.

RF/jb

RESPONSE INFORMATION

Local Responder on Scene (Give name of response agencies)

- Fire _____
- Law Enforcement _____
- DNR _____
- County EG contacting
- 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)	<u>FAX</u>	
<input type="checkbox"/> Loc. Emer. Planning Committee (LEPC)		
<input type="checkbox"/> Local Public Health		
<input type="checkbox"/> CHEMTREC	<u>1-800-424-9300</u>	
<input type="checkbox"/> National Response Center (NRC)		

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

drum thought to be empty it wasn't so oil spilled - remove the gravel to clean-up

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input type="checkbox"/> DNR (days)	<u>(608) 266-2141</u>	
<input type="checkbox"/> DNR (Duty Officer pager)		
<input type="checkbox"/> DOT/State Patrol	<u>(608) 246-3228</u>	
<input type="checkbox"/> DH&SS	<u>(608) 266-2830</u>	
<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 Environmental Protection Agency US Coast Guard)
CHEMTREC	Chemical Transportation Emerg. Center	DILHR	Dept. of Industry, Labor and Human Relations
DNR	Department of Natural Resources	DATCP	Dept. of Agriculture, Trade and Consumer Protection
DOT/State Patrol	Dept. of Transportation		
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

Handwritten signature: Frankie

EMERGENCY RELEASE FOLLOWUP NOTICE REPORTING FORM (SECTION 304)

Business Name & Address: Oshkosh Truck Corporation
 2307 Oregon Street Oshkosh Winnebago 54901
Street Address Business Name City/Community County Zip

Name & Phone of Emergency Contact at Facility: Robert Fox (414) 235 -9151
Name Phone

Location of Incident: Oshkosh Truck Corp. - South Plant
 333 W. 29th Ave Oshkosh Winnebago 54901
Subsidiary, Division, or Facility (if applicable) Lot No. or Building No. (if applicable) Street Address City/Community County Zip

Date of Incident: 10 / 1 / 91 **Organizations Notified** **Date & Time of Notification**
Mo. Day Yr.
 National Response Center (on _____ at _____ a.m./p.m.)
 State Emergency Response Commission (on 10/1/91 at 10:51 a.m./p.m.)
 Local Emergency Planning Committee (on 10/1/91 at 10:58 a.m./p.m.)

Chemical Name (or Trade Name) & CAS Number: Delvac 1240 SAE#40 Oil
Name CAS No.

Is the Chemical on the Extremely Hazardous Substances (302) List? Yes No
Is the Chemical Release Reportable Under CERCLA 103(a)? Yes No
Physical State Stored: Solid Liquid Gas

Time of Release **Duration of Release** **Physical State Released** **Quantity Released**
Approx 9:30 a.m./p.m. _____ days _____ hours XX minutes
 Solid _____ lbs.
 Liquid 3 to 5 gal.
 Gas _____ cu.ft.

Factors Contributing to Release
 Equipment Failure Training Deficiencies
 Operator Error Unusual Weather Conditions
 Faulty Process Design Other _____

Agencies Notified
 Fire Dept. Hazardous Materials (HazMat) Unit
 Police Dept. State Agency
 Health Dept. Other: Winnebago Co. Emerg. Govt.

Actions Taken
 Containment Decontamination of Persons/Equipment System Shut Down
 Dilution/Neutralization Evacuation Monitoring
 Hazard Removal Diversion of Release to Treatment Other _____

Known or Anticipated Health Effects of Release
 Acute or Immediate: N/A

Chronic or Delayed: N/A

Total Injuries Resulting from Release: 0 Total Hospitalizations Resulting from Release: 0

Advice Regarding Medical Attention for Exposed Individuals

Additional Information about the Release (e.g., media into which chemical was released, danger to fish or wildlife)
E & K Hazardous Waste Co. was contacted to clean up the gravel area where the spill occurred. Reference attached Material Safety Data Sheets.

I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted information is true, accurate, and complete.

 Signature of Reporting Representative Robert Fox Date October 2, 1991

Reporting Facility Representative (print or type) _____

OCT 10 1991