

APR-15-'92 WED 11:47 ID:DEG 2 SUBSTANCE SPILL/RELEASE ALERT FORM

04-71-047009

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Spill No./Notification Date and Military Time <u>920415 1143</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) 266-1589	Date and Military Time of Incident <u>920415 1030</u> YY MM DD TIME County: _____
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REPORTING INFORMATION			
Reported by: <u>Robert Fox</u> (name) <u>RF</u> Address _____ City _____ State _____ Zip _____ Telephone _____	Person/Firm Responsible: <u>OSHKOSH Truck Corp</u> Address <u>South Plant 333 W. 29th Ave</u> City <u>OSHKOSH</u> State <u>WI</u> Zip <u>54903</u> Telephone <u>414 235 9151 X2420</u>		
Spill Contact Person/Firm: _____ Address _____ (if different from above) Telephone _____ City _____ State _____ Zip _____			

SUBSTANCE INFORMATION											
Name of Substance/Quantity Involved: <u>Wide Range ATF Transmission fluid 2 gallons</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>South plant</u>

Source of Spill	Spill Destination
<input type="checkbox"/> Transportation <input checked="" 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 _____	<input type="checkbox"/> Soil <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 _____
Weather Conditions	<input type="checkbox"/> Surface Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Name: <u>gravel</u> <input type="checkbox"/> Ground Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Distance to nearest drinking water well: _____ feet
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): <u>Closed 4/15/92</u> <u>FDA 7/25/07</u>

	No	Unknown	Yes	Number	Shelter Location and Name
Injuries	<input checked="" 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"/>	_____

**RESPONSE INFORMATION**

Local Responder on Scene (Give name of response agencies)

- Fire \_\_\_\_\_
- Law Enforcement \_\_\_\_\_
- DNR \_\_\_\_\_
- County EG *will call after* \_\_\_\_\_
- 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 type="checkbox"/> Dist. Dept. of Natural Resources (DNR)	_____	_____
<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:

*equipment failure - rim broke on one of  
 Hitches*

*used absorbent pads w/ shovels, cleaned up top  
 surface and put into drum.*

**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]*