

04-05-047708

921006-05

806640-5040

SUBSTANCE SPILL/RELEASE ALERT FORM

Spill No./Notification Date and Military Time <u>92 10 07 0930</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>92 10 06 1430</u> YY MM DD TIME County: <u>BROWN</u>
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REPORTING INFORMATION

Reported by: <u>BOB BURUS</u> (name) <u>ATTORNEY</u>	Person/Firm Responsible: <u>FT HOWARD</u>
Address <u>FT HOWARD</u>	Address <u>1919 S. BROADWAY</u> <u>PO BOX 19130</u>
City _____ State _____ Zip _____	City <u>GREEN BAY</u> State <u>WI</u> Zip <u>54307</u>
Telephone _____	Telephone <u>414/435-8821</u>
Spill Contact Person/Firm: <u>SAME</u> Address _____	
(if different from above) Telephone _____ City _____ State _____ Zip _____	

SUBSTANCE INFORMATION

Name of Substance/
Quantity Involved: CALCIUM HYPOCHLORIDE - 20 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 checked="" 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, Inter-section, Mileage, etc.):

PLANT AT 1919 S. BROADWAY -
UNDERGROUND PIPE LEAK

Source of Spill <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 _____	Spill Destination <input checked="" 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 <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):

	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 10/7/92
TA 2/08/18

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 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	1-800-424-9300	_____
<input type="checkbox"/> National Response Center (NRC)	_____	_____

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

FT HOWARD HAS REPLACED PIPE, CLEANED UP SOIL AND STORED FOR PROPER DISPOSAL.

SPILL DISCOVERED AT 0925 TODAY (10-07-92)

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input type="checkbox"/> DNR (days)	(608) 266-2141	<i>filed</i>
<input 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.

Barbara A. Roe
Signature of DEG Duty Officer

Carol Kuschke
Signature of Preparer