

04-16-048799 closed  
93080901

SUBSTANCE SPILL/RELEASE ALERT FORM

<b>Spill No./Notification Date and Military Time</b> <u>9308092150</u> YY MM DD TIME	<b>Information should be reported to:</b> <b>Department of Military Affairs</b> <b>Wisconsin Division of Emergency Government</b> <b>4802 Sheboygan Ave., Room 99A, P.O.Box 7865</b> <b>Madison, Wisconsin 53707-7865</b> <b>(608) 266-3232</b> <b>FAX (608) 266-1569</b>	<b>Date and Military Time of Incident</b> <u>9308091730</u> YY MM DD TIME County: <u>Douglas</u>
--	---	---

<b>REPORTING INFORMATION</b>	
<b>Reported by:</b> <u>Timothy Ries</u> (name)	<b>Person/Firm Responsible:</b> <u>Koppers Indus Inc</u>
<b>Address</b> _____	<b>Address</b> <u>County A: E / PO Box 397</u>
<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____	<b>City</b> <u>Superior</u> <b>State</b> _____ <b>Zip</b> <u>54880</u>
<b>Telephone</b> <u>915-392-2221</u>	<b>Telephone</b> _____

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

<b>SUBSTANCE INFORMATION</b>	
<b>Name of Substance/Quantity Involved:</b> <u>20gal. 50% Cresoto 50% #6 oil</u>	
<input checked="" type="checkbox"/> EHS Chemical <input type="checkbox"/> CERCLA Chemical <input type="checkbox"/> Unknown	

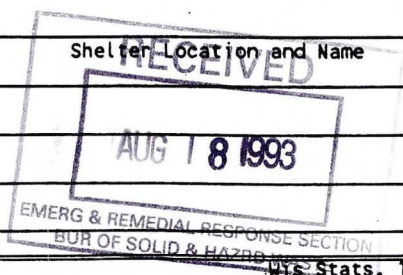
CAS #	Placard #	Quantity	Solid	Powder	Liquid	Vapor	Gas	Radio-Active	Unknown	Color	Odor
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<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"/>	_____	_____

<b>SITE INFORMATION</b>	
<b>Exact Location of Spill/Release (include Street Address, County, City, Village, Town, Highway, Intersection, Mileage, etc.):</b>	
<u>Infacility - Jct. of Cty T H A: E.</u>	

<b>Source of Spill</b>	<b>Spill Destination</b>
<input type="checkbox"/> Transportation <input checked="" type="checkbox"/> <b>Manufacture</b> <input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> <b>Soil</b> <input type="checkbox"/> Air <input type="checkbox"/> Water
<input type="checkbox"/> Public Property <input type="checkbox"/> Construction <input type="checkbox"/> Business	<input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input checked="" type="checkbox"/> <u>in process</u> Contained/Recovered <input type="checkbox"/> Other
<input type="checkbox"/> Private Property <input type="checkbox"/> Other _____	<input type="checkbox"/> Surface Water <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential
<b>Weather Conditions</b>	
<b>Wind Speed and Direction</b> _____	<b>Name:</b> _____
<input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow <input type="checkbox"/> Fog	<input type="checkbox"/> Ground Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential
<input type="checkbox"/> Other: _____	<b>Distance to nearest drinking water well:</b> _____ <b>feet</b>

<b>PUBLIC HEALTH INFORMATION</b>	
<b>Recommended safety precautions (known acute/chronic health risks):</b> _____	

	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"/>	_____



**RESPONSE INFORMATION**

Local Responder on Scene (Give name of response agencies)

- Fire \_\_\_\_\_
- Law Enforcement \_\_\_\_\_
- DNR will call tomorrow.
- 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	<u>1-800-424-9300</u>	_____
<input checked="" type="checkbox"/> National Response Center (NRC)	<u>1-800-424-8802</u>	<u>Did call.</u>

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

Treating railroad ties; tank had faulty gauge; overfilled.

**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)	_____	<u>fax in AM.</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.

Barbara K. Orel  
 \_\_\_\_\_  
 Signature of DEG Duty Officer

\_\_\_\_\_  
 Signature of Preparer