

04-71-047196

SUBSTANCE SPILL/RELEASE ALERT FORM

920528-05

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Spill No./Notification Date and Military Time <u>92 05 28 1313</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 05 28 1140</u> YY MM DD TIME County: <u>Winnebago</u>
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REPORTING INFORMATION

Reported by: <u>Don Drake</u> (name) Address _____ City _____ State _____ Zip _____	Person/Firm Responsible: <u>Robert Trush</u> Address <u>2307 Oregon St.</u> City <u>Oshtemo</u> State _____ Zip <u>54901</u> Telephone <u>414/235-9151 x 2749</u>
Spill Contact Person/Firm: _____ (if different from above) Telephone _____	Address _____ City _____ State _____ Zip _____

SUBSTANCE INFORMATION

Name of Substance/
Quantity Involved: Diesel fuel - 3 gal.
 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, Intersection, Mileage, etc.):
333 West 29th Avenue, Oshtemo - Smith plant

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 type="checkbox"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Water <input checked="" type="checkbox"/> Pavement <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Surface Water <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential Name: _____ <input type="checkbox"/> Ground Water <input type="checkbox"/> Yes <input checked="" 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):
Closed 6/2/92

Injuries	No	Unknown	Yes	Number	Shelter Location and Name <u>JUN 02 1992</u> BUREAU OF SOLID - HAZARDOUS WASTE MANAGEMENT
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"/>	

JDA 2/28/17

DPICHO-17-40

RESPONSE INFORMATION

Local Responder on Scene (Give name of response agencies) - NONE

<input type="checkbox"/> Fire _____	Incident Commander _____
<input type="checkbox"/> Law Enforcement _____	Name _____
<input type="checkbox"/> DNR _____	Title _____
<input type="checkbox"/> County EG _____	Dept. _____
<input type="checkbox"/> EMS _____	Telephone _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> 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:

Spill from error at filling station - absorbed w/ oil drup, will be properly disposed of.

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input type="checkbox"/> DNR (days)	(608) 266-2141	_____
<input checked="" type="checkbox"/> DNR (Duty Officer pager)	FAX	_____
<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.

[Signature]

 Signature of DEG Duty Officer

[Signature]

 Signature of Preparer