

State of Wisconsin - Department of Natural Resources  
 Substance Release Notification Report (SERTS)  
 Report created on 10/21/2009

SPILL ID# 20081014SE41-1

Incident Date & Time: 10/14/2008 1927	Reported Date & Time: 10/14/2008 1940	BRRTS No:	Spill ID: 20081014SE41-1
DATCP Reported? No DATCP Transferred? No	NFA Letter Sent? No	ERP Transferred? No	Incident Closed? Yes : 10/14/2008

Location			
Region: SE	County: Milwaukee	Municipality: MILWAUKEE, CITY OF	
Facility/Property Name and Street Address: CLEMENT J ZABLOCKI VA MEDICAL CENTER 5000 W NATIONAL AVE		Description: STERILIZATION ROOM	
Facility Type: Medical Facility (Hospital/Clinic/Nursing Home/Hospice/Vet)			
Lat/Long:		PLSS:	WTM:
Weather Conditions:			

Responsible Parties			
Name/Address (1): VA MEDICAL CENTER 5000 W NATIONAL AVE MILWAUKEE, WI 53295- (414) 384-2000 x Primary	Contact:	Other Contact:	Spill Packet:

**Cause**

A SMALL RELEASE OF ETHYLENE OXIDE HAD OCCURRED IN A STERILIZATION ROOM AT VERTERANS HOSPITAL CAUSING AN ALARM TO ACTIVATE.

Cause Type: Equipment Failure

Substances						
Name	Other / Comments	Amt Released	Amt Recovered	Type	Color	Odor
Industrial Chemical - Other	ETHYLENE OXIDE	170.0 g	0.0 g	GAS		

Environmental Impacts / Damages			
Environmental Impacts: AIR	Resource Damages: No	Injuries: No	Evacuation: No

Cleanup Actions	
Method	Description
Monitor	PPE AND METER

**Cleanup Action Comments**

CITY OF MILWAUKEE FIRE DEPARTMENT HAZMAT USED PPE AND METER TO MEASURE RELEASE AMOUNT AND FOUND 0.3 PPM IN ATMOSPHERE. THE CLEANING PROCESS DID NOT REQUIRE ANY FORM OF DISPOSABLE MATERIALS.

Contractors Hired	
Name	Description

Waste Destinations	
Location	Description

Agencies Notified / On Scene		
Agency	Notified	On Scene
DNR	X	
FIRE DEPARTMENT	X	X

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LEPC OF LOCAL EMERG MGT	X			
LEVEL A/LEVEL B TEAM	X	X		
LOCAL CO OR CITY HEALTH	X	X		
<b>Additional Comments</b>				
MILWAUKEE FIRE DEPARTMENT HAZARDOUS MATERIALS REPORT INCIDENT/EVENT # 80747.				
<b>Enforcement Action/Citation</b>				
Enforcement Action/Citation? No				
Case Activity Reports:				
<b>Person Reporting</b>				
Name	Representing / Address	Primary Phone		
DEONNA JOHNSON	MILWAUKEE CNTY EMERGENCY MANAGEMENT	(414) 263-8685 x		
		Secondary Phone		
<b>Contractors Hired</b>				
Name / Address		Zone Contractor Hired by DNR?		
		No		
<b>Contacts</b>				
Role	Name	Office Phone	Date	Time
Prepared By:	SCOTT FERGUSON	(414) 263-8685 x	10/14/2008	
Person Notified:	SCOTT FERGUSON	(414) 263-8685 x	10/14/2008	
Investigated By:	SCOTT FERGUSON	(414) 263-8685 x	10/14/2008	
Incident Commander:	MICHAEL OLINGER, CAPTAIN	(414) 286-8925 x		
Spill Coordinator:	SCOTT FERGUSON, SE Region	(414) 263-8685 x	10/14/2008	
<b>Electronic Attachments (list)</b>				
Name		Type		

**State of Wisconsin Substance Release Notification Form**  
**Department of Natural Resources Form 4400-91 (Rev. 12-04, e-form)**  
**24-Hour Emergency Hotline Number: 1-800-943-0003**

<b>Date &amp; Military Time of Incident:</b> 10/14/2008 1927hrs		<b>Date &amp; Military Time Reported:</b> 10/14/2008 1940hrs		<b>Spill File #</b> <b>BRRTS #</b>	
<b>Person Reporting:</b> Michael Olinger, Captain		<b>Representing:</b> Milwaukee Fire Department		<b>Phone #</b> 414-286-8925 <b>Fax #</b>	
<b>Responsible Party (RP) / Spiller:</b> Veterans Hospital		<b>RP Decision Based On:</b> Milwaukee Fire Department		<b>Phone #</b> 414-384-2000 <b>Fax #</b>	
<b>RP Address:</b> 5000 W. National Avenue				<b>City</b> Milwaukee <b>State</b> WI <b>Zip Code</b>	
<b>RP Contact Name &amp; Title:</b>				<b>Phone #</b> <b>Fax #</b>	
<b>Substance Involved:</b> Ethylene Oxide		<b>Amount &amp; Units Released:</b> 170 grams		<b>Amount &amp; Units Recovered:</b> unknown	
<input type="checkbox"/> Solid <input type="checkbox"/> Semisolid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas    Color:    Odor:					
<b>Exact Location Of Incident: (including street name, bldg. #, mileage, etc.)</b> Sterilization room				<b>Facility Name / Property Owner:</b> Veterans Hospital	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township Milwaukee		<b>County</b> Milwaukee		<b>Latitude/Longitude</b> deg. ' '' , deg. ' ''	
<b>DNR Region:</b> SER		1/4 1/4 Sec T N R <input type="checkbox"/> E <input type="checkbox"/> W		<b>Weather Conditions:</b>	
<b>Cause of Incident:</b> Small release of Ethylene Oxide had occurred in a sterilization room.					
<b>Spilled Substance Impact To: (check X all that apply)</b> <input checked="" type="checkbox"/> Air <input type="checkbox"/> Potential <input type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Potential <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Groundwater <input type="checkbox"/> Potential <input type="checkbox"/> Private Well <input type="checkbox"/> Potential <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Soil <input type="checkbox"/> Potential <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Surface Water <input type="checkbox"/> Potential Name: <input type="checkbox"/> Other:		<b>Spill Cause and/or Site:</b> <input type="checkbox"/> Ag Coop/Food Factory <input type="checkbox"/> Airport Facility <input type="checkbox"/> Railroad Facility <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine <input type="checkbox"/> Gas/Service Station/Garage/Auto Dealer/Repair Shop <input type="checkbox"/> Hydraulic Line Break <input type="checkbox"/> Industrial Facility <input type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Co. <input type="checkbox"/> Pipeline/Terminal/Tank Farm/Oil Jobber/Wholesaler <input type="checkbox"/> Private Property (home/farm) <input checked="" type="checkbox"/> Public Property (city, state, church, school, etc.) <input type="checkbox"/> Transportation Accident, Fuel Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input type="checkbox"/> Utility Co. Power Generating/Transfer Facility <input type="checkbox"/> Other:		<b>Action Taken By Spiller:</b> <input type="checkbox"/> Cleanup Method: <input type="checkbox"/> Absorbent <input type="checkbox"/> Excavation <input type="checkbox"/> <input type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: <input type="checkbox"/> Monitor <input checked="" type="checkbox"/> No Action Needed <input type="checkbox"/> No Action Taken <input type="checkbox"/> Waste Destination: <input type="checkbox"/> Other:	
<b>Injuries?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how many?		<b>Has An Evacuation Occurred?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Potential?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are There Any Resource Damages?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential <b>What Kind?</b>					
<b>Other Agencies Notified: (check first column, if notified; check both columns, if on the scene)</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Fire Department <input type="checkbox"/> <input type="checkbox"/> Local DNR <input type="checkbox"/> <input type="checkbox"/> EPA <input type="checkbox"/> <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> <input type="checkbox"/> Div. Emerg. Mgt. <input type="checkbox"/> <input type="checkbox"/> Nat'l Resp Ctr 800-442-8802 <input checked="" type="checkbox"/> <input type="checkbox"/> LEPC or Local Emer. Mgt. <input type="checkbox"/> <input type="checkbox"/> Coast Guard <input type="checkbox"/> <input type="checkbox"/> Chemtrec 800-424-9300 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Level A/Level B Team <input type="checkbox"/> <input type="checkbox"/> DHFS 608-258-0099 <input checked="" type="checkbox"/> <input type="checkbox"/> Other: Mil Health Dep				<b>Incident Commander:</b>  <b>Phone #</b>	
<b>Prepared By:</b> Deonna Johnson		<b>Phone #</b> 414-278-4709		<b>Date:</b> 10/16/2008	
<b>Person Notified:</b>		<b>Phone #</b>		<b>Rpt'd To DATCP?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date:</b>	
<b>Investigated By:</b>		<b>Sign:</b>		<b>Date:</b>	
<b>Spill Coordinator Signoff:</b>		<b>Date:</b>		<b>Transferred to ERP</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date:</b>	
				<b>Case #</b>	
				<b>NFA Letter Sent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date:</b>	
				<b>Incident Closed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date:</b>	
<input checked="" type="checkbox"/> See Additional Comments On Reverse (Please, print page 2 of 2)					

State of Wisconsin Substance Release Report (Cont'd)  
Form 4400-91 (Rev 12-04, e-form)

**Date and Military Time Of Incident:** 10/14/2008  
1927hrs

**Responsible Party:** Veterans Hospital

**Additional Comments :** A small release of Ethylene Oxide had occurred in a sterilization room at Veterans Hospital causing an alarm to activate. PPE and meter were used to measure the amount released and found .3 PPM in the atmosphere. The cleaning process did not require any form of disposable materials.

**Case Activity Report:**  Yes  No CAR#:

(Please, attach copy of all CAR and other documentation)

**Enforcement Action:**  Yes  No (Explain Below)

# Milwaukee Fire Department Hazardous Materials Report

### Response Information

Date	10/14/2008	Haz Units Responding	Hazmat 1, HM2
Incident/Event #	80747	Time of Alarm	1927
Incident Location	5000 W. National Ave	Time Arrived on Site	1955
City- Milwaukee		Back In Service Time	2038
State Number		Total Working Time	Hrs 0 Mins 43

### Responsible Party Information

Company/ Person: VA Hospital  
 Contact Name:  
 Responsible address: SAA  
 City:  
 Phone # Fax #

### Product Release Information

Chemical Released:	Ethylene Oxide	Physical State	Gas
Trade Name/Synonyms:	Ethylene Oxide	UN/NA #	
Quantity Released:	170 Grams	DOT Class #	Class 2 - Compressed Gases
Released to:	Air	CAS #	75-21-8

### Narrative of Incident

Co. responded to the VA Hospital and informed by B3 a small release of Ethylene Oxide had occurred in a sterilization room causing an alarm to activate. Co. used PPE and meter to measure release amount and found 0.3 PPM in atmosphere. No disposable materials used and Milwaukee Health Department and MC Emergency Government notified.

### Expendable Equipment

Quantity	Description	Unit/Cost	Total Cos
0.00		\$0.00	\$0.00
0.00		\$0.00	\$0.00
0.00		\$0.00	\$0.00
0.00		\$0.00	\$0.00
0.00		\$0.00	\$0.00
0.00		\$0.00	\$0.00
0.00		\$0.00	\$0.00
0.00		\$0.00	\$0.00
0.00		\$0.00	\$0.00
0.00		\$0.00	\$0.00
0.00		\$0.00	\$0.00
0.00		\$0.00	\$0.00
0.00		\$0.00	\$0.00
			<b>Total All Cost</b>
<i>Add additional expenditures in narrative</i>			\$0.00

### Full HazMat Response Information

#### Relevant Information

Temperature  
 Humidity

#### Entry Information

Entry Level of Protection Structural Firefighting Gear  
 Entry Suit Used

Wind Direction		Entry Gloves Used	
Wind Speed		Respiration Protection	SCBA
Injuries #	0	Back Up Level Used	Structural Firefighting Gear
Fatalities #	0	Back Up Suit Used	
Residential Area Affected		Back Up Gloves Used	
Public Evacuation #	0	Back Up Respiratory Protection	SCBA
Evacuation Location		Decon Level Used	
		Decon Suit Used	
		Decon Solution Used	
		Decon Respiratory Equip	

**Contact Information**

Health Department Contact Terry Linder  
 Health Dept Contact Time 2012  
 Emergency Govt Contact Duty Officer  
 Emergency Govt Contact Time 2012  
 DNR Contact  
 DNR Contact Time  
 Secondary Contact {Name, Dept, Number}  
 Secondary Contact {Name, Dept, Number}  
 Secondary Contact {Name, Dept, Number}}

**Recall Members Information**

Recall member #1	Recall member #6	Recall member #11
Recall member #2	Recall member #7	Recall member #12
Recall member #3	Recall member #8	Recall member #13
Recall member #4	Recall member #9	Recall member #14
Recall member #5	Recall member #10	Recall member #15

**Hazardous Materials Members On Scene**

Officer Name	Michael J. Olinger		
Heo Name	David Aussprung		
FF	James Hegwood		
FF	Andrew Weigel	Name	Michael J. Olinger
FF	Keven Sczesny	Rank	Captain