

APPENDIX H: KANSAS NOTIFICATION OF RELEASE – "FORM A"

**FORM A
Hazardous Materials Incidents / Accidents / Continuous Releases**

REPORT INCIDENT IMMEDIATELY to the KANSAS DIVISION OF EMERGENCY MANAGEMENT (KDEM)

Telephone (785) 296-8013 or (800) 275-0297. THIS COMPLETED FORM must be submitted on-line or faxed (785) 274-1426 to KDEM, Technological Hazards Section, **AS SOON AS PRACTICABLE (not to exceed 7 days)** after the verbal notification. Form A(s) may be used as the written follow-up notification to KDEM ONLY IF an UPDATED Form A is submitted after the incident has concluded and includes additional information on the cause of the release, information on actual response actions taken, identification of any acute or chronic health risks and advice regarding medical attention necessary for citizens exposed, if appropriate. Additional information can be mailed to KDEM at: 2800 SW Topeka Blvd, Topeka, KS 66611.

• The following fields may have multiple entries: Commodity, Physical Form, Incident Mode, Truck/Trailer Number, Railcar Number, and Placard. If there is not enough room on this form to report these fields or "What Happened" or "Actions Taken to Remediate the Incident" please attach another page with the additional details.

- 1. KDEM CONFIRMATION NUMBER: _____ IS THIS AN UPDATE TO A PREVIOUSLY SUBMITTED FORM A: YES () NO ()
- 2. IF A CONTINUOUS RELEASE ENTER STATE CR-ERNS #: _____ DUN & BRADSTREET #: _____

Caller	3. PERSON INITIATING THE CALL: _____ SPILLER: YES () NO ()	
	Name	Title or Position
	4. REPRESENTING: _____ () Ext. _____	
	Organization	Call Back Number
5. ORGANIZATION ADDRESS: _____		
Street	City	
6. EMAIL _____		
County		

Incident	INITIAL	A.M.	DATE	INCIDENT	A.M.	DATE
	7. NOTIFICATION: TIME _____		P.M.	DISCOVERY: TIME _____		P.M.
	8. LOCATION: CITY _____		COUNTY _____			
	9. INCIDENT ADDRESS/LOCATION: (e.g. milepost, HWY, RR, intersection, TWP/RANGE, LAT./LONG.) _____					
	10. MANUFACTURER AND/OR SHIPPER: _____					
	11. CAUSE OF RELEASE: (CHECK ALL THAT APPLY) EXPLOSION () FIRE () SPILL () EQUIPMENT FAILURE ()					
	OPERATOR ERROR () NATURAL PHENOMENON () DUMPING () OTHER () _____					
	12. INCIDENT MODE: MOTOR CARRIER () FIXED FACILITY () PIPE LINE () RAIL () OTHER () _____					
	13. WHAT HAPPENED: _____					

	14. WIND CONDITIONS: DIRECTION _____ SPEED _____ (e.g. 0-5 mph, 6-10 mph and 11-> mph)					
	15. WEATHER TYPE: (e.g. Sunshine, Rain, Snow, Sleet, Ice, Fog, etc.) _____					
	16. ARE THERE ANY RESIDENCES WITHIN ¼ MILE: YES () APPROXIMATE NUMBER: _____					
	17. PERSONAL INJURIES: NO () YES () NUMBER: _____ FATALITIES: NO () YES () NUMBER: _____					
	18. EMERGENCY CREWS ON SCENE: (CHECK ALL THAT APPLY) FIRE () LAW ENFORCEMENT () AMBULANCE ()					
	EMERGENCY MANAGEMENT () KSFM REGIONAL RESPONSE TEAM () OTHER _____					
	19. IS INCIDENT AREA SECURED: NO () YES ()					

FORM A CONTINUED

*Commodity	<p>20. NAME OF COMMODITY/CHEMICAL: _____</p> <p>21. NAME OF PLACARD (UN NUMBER) APPLIED: _____ CAS NUMBER _____</p> <p>22. TOTAL RELEASED: _____ AMOUNT INTO WATER: _____ CAPACITY OF CONTAINER: _____ UNITS: _____ (Units examples: lbs, gal, bbl, tons, drum, g, µg)</p> <p>23. PHYSICAL FORM: (CHECK ALL THAT APPLY) LIQUID () SOLID () GAS ()</p> <p>24. CARRIER NAME: _____</p> <p>25. TRUCK/TRAIN NUMBER: _____ TRAILER/RAILCAR NUMBER: _____</p> <p>26. MEDIUM AFFECTED: (CHECK ALL THAT APPLY) NONE () AIR () WATER () SOIL () GROUNDWATER () WITHIN FACILITY () OTHER () _____</p> <p>If released to water: Type of waterway _____ Name of waterway if known _____</p>
Actions	<p>27. ACTIONS TAKEN TO REMEDIATE INCIDENT: _____</p> <p>28. DID EVACUATIONS OCCUR: NO () YES () NUMBER EVACUATED: FACILITY _____ PUBLIC _____</p> <p>29. DID SHELTER IN PLACE OCCUR: NO () YES () NUMBER SHELTERED IN PLACE: _____</p> <p>30. BOUNDARIES OF EVACUATED or SHELTER IN PLACE AREA: _____</p> <p>31. WHAT OTHER PROTECTIVE ACTION MEASURES WERE RECOMMENDED: _____</p>
Health Risks	<p>32. ANY KNOWN OR ANTICIPATED ACUTE HEALTH RISKS NO () YES () _____</p> <p>33. ANY KNOWN OR ANTICIPATED CHRONIC HEALTH RISKS NO () YES () _____</p> <p>34. ADVISE REGARDING MEDICAL ATTENTION NECESSARY FOR EXPOSED INDIVIDUALS (IF APPROPRIATE) _____</p>
Reporting	<p>WAS A REPORT MADE TO THE FOLLOWING AGENCIES:</p> <p>LOCAL EMERGENCY PLANNING COMMITTEE ()</p> <p>NATIONAL RESPONSE CENTER (NRC) - (800) 424-8802 () CASE # (if known): _____</p> <p>KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT (KDHE) (785) 296-1679 () CASE # (if known): _____</p> <p>REPORT TAKEN BY: _____ Name Title or Position Agency</p> <p><small>This is for other agencies outside of the spiller's company who receive the notification from the spiller. e.g. 911 dispatcher, local emergency management.</small></p>