WRITTEN HAZARDOUS MATERIALS INCIDENT FOLLOW-UP REPORT

NORTH DAKOTA DEPARTMENT OF EMERGENCY SERVICES
HOMELAND SECURITY
SFN 59016 (12-2008)

State Incident Number		Date of this Report	
Name of Facility			
Location of Incident			
Contact Person		Work Telephone Number	Home Telephone Number
Address		City	State / ZIP Code
Incident Date	Time	Notification Date	Time
Was incident reported to the National Response Center? ☐ Yes ☐ No		Notification Date	

SUBSTANCE IDENTITY

Trade Name	
Chemical Name	CAS Number

Is this substance on the **EXTREMELY HAZARDOUS SUBSTANCE (EHS)** List? ☐ Yes ☐ No ☐ Do Not Know

Type of Incident

- ☐ 01 Passenger Road Transportation
- ☐ 02 Freight Road Transport Vehicle
- ☐ 03 Rail Transport Vehicle
- ☐ 04 Water Transport Vehicle
- ☐ 05 Air Transport Vehicle
- ☐ 06 Heavy Industrial and Agricultural Equipment
- ☐ 07 Special Transport Vehicle
- ☐ 08 Pipeline
- ☐ 09 Other Transportation Types
- ☐ 10 Fixed Facility

Type of Release

- ☐ 01 Spill
- ☐ 02 Fire
- ☐ Explosion
- ☐ Equipment Failure
- ☐ 05 Other (Explain): _____
- ☐ 06 Unknown

Extent of Release

- ☐ 00 Medium Undetermined
- ☐ 01 Confined to Equipment/Vehicle of Origin
- ☐ 02 Confined to Room of Origin
- ☐ 03 Confined to Floor of Origin
- ☐ 04 Confined to Structure of Origin
- ☐ 05 Confined to Fixed Property of Origin
- ☐ 06 Confined to General Property of Origin
- ☐ 07 Released Beyond Property of Origin
- ☐ 08 No Release
- ☐ 09 Extent of Release Not Classified Above

Medium Affected by this Release (air/water/soil)

- ☐ 00 Medium Undetermined
- ☐ 01 Air
- ☐ 02 Water
- ☐ 03 Ground
- ☐ 04 Water and Ground
- ☐ 05 Air and Ground
- ☐ 06 Water and Air
- ☐ 07 Air, Water, and Ground
- ☐ 08 Not Released
- ☐ 09 Medium not Classified Above

Quantity Released (in pounds)

Fatalities ☐ Yes ☐ No ☐ Unknown	Number of Fatalities	Injuries ☐ Yes ☐ No ☐ Unknown	Number of Injuries

General Description of Incident and Actions	
Signature	Date

RETURN TO:
North Dakota Department of Emergency Services
Duty Officer
P.O. Box 5511
Bismarck, ND 58506-5511
Or can be faxed to: 701-328-8181
RETURN WITHIN 30 DAYS OF RECEIPT