UTAH HSEES REPORTING FORM

Please submit via email to EEP@utah.gov or via Fax at 801/538-6564

REPORTING AGENCY CONTACT INFORMATION:

Reporting agencies name: ____________________________________________
Contact Person: ___________________ Phone: _______________ Email: _______________

INCIDENT INFORMATION:

TIME:
1. Date: _______________ 2. Start time: _______________ 3. End time: _______________

LOCATION:
NOTE: If exact address is not known, enter cross streets, mile marker, township section range, latitude longitude
4. Geographical location of incident:
   Street address: _________________________________________________
   City: ___________________ County: ___________________ Zip code: ____________

5. Name of business/industry where incident occurred: (if not a business/industry, enter “private household”) ___________________________

6. Where did the incident occur? Circle or underline one:  
   Fixed facility  Transportation

NOTE: Fixed facility answer questions 7-10, Transportation answer question 11-12

FIXED FACILITY:
7. Number of people working the facility during the event: _____________
8. Number of people visiting the facility during the event: _____________
9. Describe the location within the facility where the event occurred:
   _________________________________________________________________

10. List equipment involved in the event: (ancillary process equipment, piping, storage tank, etc.) ___________________________

TRANSPORTATION:
11. Mode of transportation was involved: (ground, rail, water, air, etc.) ___________________________

12. Phase of transportation was involved: (loading, unloading, moving, etc.) ___________________________

DESCRIPTION OF SUBSTANCE(S) RELEASED
13. Total number of substances reported: _____________

NOTE: Please complete the below sub-questions for each substance released or threatened to be released
   A) Chemical or trade name of substance(s): _____________________________________________
   B) Was substance actually released, or threatened to be released: _______________________
   C) Type of release: (spill, vapor, fire, explosion, etc.) _____________________________
   D) Quantity released: (specify units) ____________________________________________
**SURROUNDINGS**
14. Weather conditions at time of the event: ____________________________________________

15. Where did the release impact? Inside Outside Both

**FACTORS CONTRIBUTING TO THE RELEASE**
16. List the primary factor: (equipment failure, human error, intentional/illegal, weather etc.)

17. List the secondary factor: (improper mixing, system upset, maintenance, collision, improper loading, etc.)

**VICTIM(S)**
18. Number of people injured in this event: ____________
Number of people transported to medical facility with no symptoms: ____________

*NOTE: If more than one victim, complete the below sub-questions for each victim*

A) Category of victim: (employee, general public, police, student, etc.) _______________________
B) Severity of victim: (treated on scene, at hospital, death on scene, etc.) ___________________
C) Symptoms of victim: (respiratory irritation, dizziness, headache, etc.) ______________________
D) Level of Personal Protective Equipment (PPE) used by victim prior to incident: (level A, B, C, none, gloves, eye protection, etc.) ______________________
E) Sex of victim: ____________
F) Age of victim: ____________
G) Location of victim in relation to point of release: ______________________
H) Was the victim decontaminated? No Yes - at the scene Yes - at the medical facility

**EFFECTS OF RELEASE:**
19. Number of people who self-evacuated: ______________________
20. Was an official order an evacuation? (If yes, answer sub-questions) Yes No
   A) List criteria for evacuation: ______________________
   B) Total number officially evacuated: ______________________
   C) Total hours the evacuation order was in effect: ______________________

21. Was in-place sheltering was ordered? (If yes, answer sub-questions) Yes No
   A) Level of restriction: ______________________

22. List any contamination from the release: ______________________
23. List all who responded to this incident: ______________________
24. List any activities taken to protect public health as a result of this event: (health advisory, health investigation, environmental sampling, etc.)

25. Please enter a brief synopsis of the event (200 words of less)
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________