

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) _____

