

**Rhode Island Department of Environmental Management  
Emergency Response  
Investigative Report**

Case Number: Reinspection: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Incident:	Time of Incident:	Employee who received complaint: Date and time received:
Location of Incident:		Latitude:	Longitude:
Incident Reported by:	Affiliation/Address:	Phone no. (with area code):	Alternate phone:
Responsible Party:	Affiliation/Address:	Phone no. (with area code):	Alternate phone:
Owner/Person in charge:	Affiliation/Address:	Phone no. (with area code):	Phone no. (with area code):

<b>Incident Description:</b> <input type="checkbox"/> UST Tank Leak <input type="checkbox"/> UST Tank Overfill <input type="checkbox"/> AST Tank Leak <input type="checkbox"/> AST Tank Overfill <input type="checkbox"/> Air Release <input type="checkbox"/> Valve Leak <input type="checkbox"/> Transformer Leak <input type="checkbox"/> Dumping <input type="checkbox"/> Spill <input type="checkbox"/> Fire <input type="checkbox"/> Abandoned Battery <input type="checkbox"/> Abandoned Drum(s) <input type="checkbox"/> Abandoned Container <input type="checkbox"/> Vessel Discharge <input type="checkbox"/> Vessel Sinking/Aground <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Vehicle Fuel Tank Leak <input type="checkbox"/> Other:		<b>Media Affected:</b> <input type="checkbox"/> Air <input type="checkbox"/> Soil <input type="checkbox"/> Ditch <input type="checkbox"/> Beach <input type="checkbox"/> Storm Drain <input type="checkbox"/> Wells Nearby <input type="checkbox"/> Ground Water <input type="checkbox"/> Impervious Surface <input type="checkbox"/> Surface Water <input type="checkbox"/> Other:		<b>Mode:</b> <input type="checkbox"/> Highway <input type="checkbox"/> Waterway <input type="checkbox"/> Residential <input type="checkbox"/> Rail <input type="checkbox"/> Rural <input type="checkbox"/> Coastal <input type="checkbox"/> Facility <input type="checkbox"/> Pipeline <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> Other :	
<b>Was there a release?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Substantial threat to the environment?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Management Areas Affected (e.g. parks, shores, reserves, wildlife habitat):</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Affected management areas:</b>		
<b>Injuries:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Number:	<b>Fatalities:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Number:	<b>Waters Impacted:</b> <input type="checkbox"/> Inland (EPA Zone) <input type="checkbox"/> Coastal (USCG Zone)	<b>Endangered Waters:</b>		
<b>Discharged Material and Amount (gal or lbs):</b>		<b>Vehicle/Vessel Type:</b> <input type="checkbox"/> Ship <input type="checkbox"/> Tanker <input type="checkbox"/> Barge <input type="checkbox"/> Recreational Vessel <input type="checkbox"/> Truck <input type="checkbox"/> Semi Truck <input type="checkbox"/> Cargo trailer <input type="checkbox"/> Automobile		<b>Facility Type:</b> <input type="checkbox"/> Marina <input type="checkbox"/> Power Plant <input type="checkbox"/> Chemical Storage <input type="checkbox"/> Service Station <input type="checkbox"/> Automotive Shop <input type="checkbox"/> Factory <input type="checkbox"/> Bulk Product Waste Storage <input type="checkbox"/> Commercial (Story)	
<b>Make/Model of Vehicle or Vessel Name:</b>		<b>Tag or Registration No.:</b>		<b>Operator's Name:</b>	
<b>Abandoned Drums:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Number:	<b>Size of Drums (gal):</b>	<b>Color or Markings:</b>	<b>Overall Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<b>Drums Leaking:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Number:	

<b>Weather:</b> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hazy <input type="checkbox"/> Fog  Air Temperature: Water Temp:	<b>Water Conditions:</b> <input type="checkbox"/> Calm (waves <6") <input type="checkbox"/> Choppy (waves 6" to 2') <input type="checkbox"/> Rough (waves 2' to 6') <input type="checkbox"/> Very Rough (waves >6') <input type="checkbox"/> Strong Current	<b>Wind:</b> <input type="checkbox"/> None <input type="checkbox"/> Light (0-6 mph) <input type="checkbox"/> Moderate (7-17 mph) <input type="checkbox"/> Strong (15-25 mph) <input type="checkbox"/> Storm (over 25 mph)  Wind Direction:	<b>Visibility:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor at <input type="checkbox"/> Day <input type="checkbox"/> Night	<b>Tides:</b> <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Rising <input type="checkbox"/> Ebbing
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Predicted Weather Changes That Might Affect Discharge:

Predicted Movement of Discharge:

Characteristics of Affected Area:

<b>Response:</b> <input type="checkbox"/> None <input type="checkbox"/> Phone Only <input type="checkbox"/> Referral <input type="checkbox"/> Follow-up Later <input type="checkbox"/> On-Scene  <input type="checkbox"/> Containment Initiated <input type="checkbox"/> Release contained  <input type="checkbox"/> Cleanup Initiated <input type="checkbox"/> Release cleaned up	<b>Response Actions:</b> <input type="checkbox"/> Leak Stopped <input type="checkbox"/> Soil removed <input type="checkbox"/> Absorbent Used <input type="checkbox"/> Contractor Hired <input type="checkbox"/> Fire Extinguished <input type="checkbox"/> Material Neutralized <input type="checkbox"/> Containment booms/dikes <input type="checkbox"/> Media Covered <input type="checkbox"/> Samples Taken <input type="checkbox"/> Photographs Taken <input type="checkbox"/> Contractor Engaged	<b>Evacuation:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  Total Area Evacuated:
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<b>Other Agencies Notified:</b> <input type="checkbox"/> NRC <input type="checkbox"/> EPA <input type="checkbox"/> US DOT <input type="checkbox"/> USCG <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> DEM Criminal Investigation <input type="checkbox"/> State DOT <input type="checkbox"/> State Health Dept. <input type="checkbox"/> Police <input type="checkbox"/> Local Program <input type="checkbox"/> Local Fire Dept. <input type="checkbox"/> Local Sewer Authority <input type="checkbox"/> Water Supply Board <input type="checkbox"/> Local Road Dept <input type="checkbox"/> Other (specify):	<b>Responding Agencies:</b> <input type="checkbox"/> EPA <input type="checkbox"/> US DOT <input type="checkbox"/> USCG <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> DEM Criminal Investigation <input type="checkbox"/> State DOT <input type="checkbox"/> State Health Dept. <input type="checkbox"/> Police <input type="checkbox"/> Local Program <input type="checkbox"/> Local Fire Dept. <input type="checkbox"/> Local Sewer Authority <input type="checkbox"/> Water Supply Board <input type="checkbox"/> Local Road Dept <input type="checkbox"/> Other (specify):
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Contact and Phone Number in Responding Agency:

<b>Responsible Party Assumed Responsibility:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>Insurance Company Contacted:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Name: Policy Number: Phone No. (with area code):
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Contractor Hired By: <input type="checkbox"/> Responsible Party <input type="checkbox"/> DEM <input type="checkbox"/> Other Responding Agency (specify):	Contractor's Name and Phone Number:
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Brief Description of Incident, Containment, and Cleanup Efforts to Be Taken:

Time and Place ER Investigator Notified:	Time of Arrival On-Site:	Time of Departure From Site:
Investigator Name (please print):	Investigator's Signature:	Date Completed:
Supervisor's Name (please print):	Supervisor's Signature:	Date Completed: