

TRUMBULL COUNTY LEPC INCIDENT REPORTING FORM

Date of Call
Time of Call
Taken on () LEPC 330-675-6602 () Other #
Taken By

• WHAT IS THE LOCATION OF THE PROBLEM? (Address, City or Township) _____

• WHAT IS THE NATURE OF THE PROBLEM? _____

• WHAT IS YOUR COMPANY NAME? _____

• WHAT IS YOUR NAME AND CALL BACK NUMBER? _____

• HAVE YOU NOTIFIED YOUR LOCAL FIRE DEPARTMENTS? _____ YES (Continue) _____ NO

(If emergency, conference call to Fire Department)

FIRE DEPARTMENT'S NAME _____

• WHAT SUBSTANCE IS LEAKING/SPILLED/RELEASED? _____

AMOUNT LEAKING/SPILLED/RELEASED _____

• WHAT IS IT LEAKING/BEING RELEASED FROM? (Fixed tank, drum, railcar, etc.) _____

IS IT A: _____ GAS _____ LIQUID _____ SOLID _____ UNKNOWN

WHEN DID IT: START _____ END _____

• WHAT IS THE SUBSTANCE RELEASING INTO? (Air, Ground, Stream, etc.) _____

CLEAN-UP CONTRACTOR NOTIFIED ___ YES ___ NO _____ WHOM

• WHAT ELSE SHOULD WE KNOW ABOUT THE PROBLEM? _____