

CHAPTER 2
HAZARDOUS MATERIALS INCIDENT COMMAND AND REPORTING
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CHAPTER 2

HAZARDOUS MATERIALS INCIDENT COMMAND AND REPORTING

1. GENERAL.

a. Overview. HMIC is the comprehensive oversight, direction, and coordination of all operations, including cleanup, which occur at a hazardous materials incident. The Incident Commander shall consult with other response agencies at the scene to ensure that all available resources are properly utilized, and shall perform his or her coordinating function in a manner designed to minimize the impact to life, environment and property. This coordinating function does not include how the specialized functions provided by the various other responding agencies are to be performed. When discussing HMIC, understanding the terms authority, responsibility and jurisdiction are critical. Each of these terms represent a separate aspect of incident command but are interrelated.

b. Authority. Authority is the statutory empowerment to accomplish -a task. HMIC authority encompasses the legal and moral responsibility to take whatever reasonable action is necessary to ensure the safety of people and the environment. Authority for incident command at hazardous materials events is defined in:

(1) Section 2454 VC.

(2) Section 8574.17 GC.

(3) California Hazardous Materials Incident Contingency Plan.

c. Responsibility. This term refers to an obligation or liability for actions or omissions as set forth in law or policy. The CHP has been assigned responsibility for HMIC at hazardous materials incidents which occur within departmental jurisdiction. This responsibility includes safeguarding those at the scene, the motoring public, and all other potential victims on or off the highway. It also includes an awareness of the potential danger which the incident poses to the surrounding water, land and air, and consideration of what steps should be taken to mitigate that danger. It is also necessary to manage operations at an emergency scene in a timely and professional manner. Effective incident command for hazardous materials events requires tactful coordination, judicious decision making, and above all, common sense.

d. Jurisdiction.

(1) *Determining the initial location of the spill is an important aspect in defining HMIC jurisdiction.* Regardless of the direction the material is

flowing, or final location of the product, the *initial* responsibility rests with the jurisdiction where the "first drop" or first release of product occurred. The agency with jurisdiction of the first release has *initial* overall HMIC responsibility.

(2) *On-highway HMIC* falls on "the law enforcement agency with primary traffic investigative authority" (2454 VC, 8574.17 GC, CHMICP). The CHP always maintains responsibility for incident command on all highways within its jurisdiction.

NOTE: A local governing body (of a city) which has jurisdiction over a location may assign authority for incident command on local streets or roads (other than freeways) either to the local law enforcement agency or local fire protection agency.

(3) *Off-highway HMIC* is "jurisdiction specific" per the CHMICP. Agency jurisdiction is determined in the California Penal Code, Sections 830 - 830.65.

(4) *HMIC at state buildings and grounds* is the jurisdiction of the CHP, even if they are located within the political boundaries of a city. State buildings and grounds are defined as, "all property owned, leased, rented, controlled, used, or occupied by any department or part thereof of the Government of the State of California" (14685 GC, 2 CCR 1201(c)). This does not include state properties or facilities where any other agencies have *specific* jurisdiction such as University of California properties (830.2(b) PC), or state hospitals under the Department of Mental Health (830.38 PC).

e. Sample Scenario. A truck that began leaking on a freeway but stops and spills on a city street, is the *initial* overall responsibility of the CHP. The CHP's Incident Commander should delegate the authority of mitigating the spill in the city to the local agency (police or fire) for that jurisdiction. Once the local agency has established incident command over their jurisdiction, they are a separate operation and no longer the responsibility of the Department's Incident Commander. In this type of event, a joint Command Post should be strongly considered. It should be noted, however, that one of the Department's missions is to assist local jurisdictions if the emergency exceeds their capabilities. Liaison officers should be maintained in both command structures to assure cohesion of operations. Other jurisdictions should be allowed to develop their own mitigation strategies, unless such actions adversely impact the incident within the Department's jurisdiction. Once operations within the Department's jurisdiction are complete, the Department has fulfilled its responsibility. The remainder of the city operation is left to the

responsible local agency. The value of the incident command system is its inherent flexibility, allowing it to mold its structure to these types of events.

2. POLICY.

a. Incidents Occurring Within CHP Jurisdiction. HMIC shall be assumed, by CHP uniformed personnel, immediately upon arrival at a hazardous materials incident where the Department has authority, responsibility and jurisdiction. HMIC is necessary to alleviate confusion and increase the effectiveness of other emergency service providers who are responding, or present. ***The CHP's responsibility cannot be handed over to another agency.*** Other response agencies shall be consulted at the scene to ensure that all appropriate resources are properly utilized. Responsibility for HMIC should be assumed by the senior ranking CHP uniformed employee present until relieved by appropriate departmental supervisory or management personnel. In multi-jurisdictional events, a joint/unified command is established. In addition, the Incident Commander shall ensure all reporting requirements are met as outlined in this chapter.

b. Incidents Occurring Outside CHP Jurisdiction. CHP uniformed supervisory personnel should respond to a hazardous materials incident which occurs outside the investigative authority of the Department, but which may have an impact on traffic management or state facilities. The supervisor shall represent the Department and assist the Incident Commander from the allied agency in a manner commensurate with the needs of the incident and with a minimum of disruption to normal traffic flow or state business.

3. APPLICABLE LAWS AND REGULATIONS.

a. Vehicle Code.

(1) State Agency Coordinator. The CHP is required to serve as the information, assistance, and notification coordinator for all hazardous materials incidents occurring on highways within California (2453 VC).

(2) Incident Command Authority. The CHP has incident command authority for hazardous materials incidents on-highway where the Department has primary traffic investigative authority (2454 VC).

b. Government Code.

(1) On-highway Incident Command Authority. The incident command authority for hazardous materials incidents on-highway is the responsibility

of the law enforcement agency with traffic investigative authority (8574.17 GC).

(2) State Contingency Plan. OES is required to develop and maintain the CHMICP. The plan specifies incident command responsibilities and agency roles (8574.16 - 8574.18 GC).

(3) State Warning Center. OES develops and maintains the State Warning Center for the coordination of state agencies and resources (8574.17 GC).

c. California Hazardous Materials Incident Contingency Plan.

(1) Off highway Incident Command Authority. Off highway HMIC authority is jurisdiction specific.

(2) Incident Command System. The ICS is the management system to be used at the field level of all hazardous materials incidents requiring emergency response. ICS was required to be used as of July 1988 by the Governor's Emergency Operations Executive Council.

d. Title 8 California Code of Regulations, Section 5192(q).

(1) Levels. All responders to a hazardous materials incident are required to complete the appropriate level of training for their job classification. There are five levels of HMIC.

(a) First Responder Awareness. An employee who is likely to witness or encounter a hazardous materials event, initiate emergency response and make notifications.

(b) First Responder Operational. An employee who responds to a release in a defensive fashion for the purpose of protecting life, the environment and property. He or she may also take certain steps to contain the release from a safe distance.

(c) Technician. Responds in an offensive fashion to control or stop a release.

(d) Specialist. Highest level of training in hazardous materials incident response. Responds in an offensive manner to provide technical expertise, develops safety plans, and assists technicians with mitigation. Usually performs the function of the safety officer.

(e) Incident Commander. Assumes overall control and responsibility of a hazardous materials incident.

(2) Training. Training requirements vary from position to position. Refer to Chapter 12 for a detailed explanation of all legal and departmental requirements.

(3) Response. Response to a hazardous materials incident is for the protection of life, environment and property. All responders shall perform appropriate actions within their training and available resources.

NOTE: Departmental personnel shall respond only to the level at which they are trained.

e. Health and Safety Code.

(1) CHP 407E Reporting Requirements. Completion of a hazardous materials incident report for all hazardous materials releases or threatened releases is required. The department utilizes the CHP 407E to meet these reporting requirements and forwards copies of all 407Es to OES for entry into CHMIRS. Other responding agencies may also complete hazardous materials incident reports for submittal to CHMIRS. CHMIRS will match by OES Control Number or date and location of incident. (H&S Chapter 6.95, the Safe Drinking Water and Toxics Enforcement Act, and 19 CCR 2724(d)).

(2) Proposition 65 Reporting Requirements (The Safe Drinking Water and Toxics Enforcement Act of 1986).

(a) "Designated employees" are required to report incidents to County Health Officers and Boards of Supervisors if there is a reasonable belief that the release or threatened release poses substantial present or potential hazard to human health, safety, property or the environment, within their jurisdictions. "Designated employees" are listed in Chapter 16, Annex A of HPM 10.3, Personnel Transactions, and includes all CHP command level personnel. Although the CHP technically has jurisdiction throughout the state, for purposes of Proposition 65 reporting, "jurisdiction" is deemed to include only those incidents occurring within the reporting commander's Area (H&S 25180.7).

(b) Notification of the County Health Officer and the Board of Supervisors must be made within 72 hours of the employee's knowledge of the incident. **Failure to comply with reporting requirements can result in "designated employees" receiving prison terms, fines of not less than \$5,000, and a mandatory forfeiture of state employment.** (See Annex 2-D for excerpts of pertinent sections of Proposition 65 text.)

4. ROLES AND RESPONSIBILITIES OF INDIVIDUAL COMMANDS.

a. Area Commanders. Area commanders are responsible for the coordination and planning of hazardous materials incident activities in their jurisdiction. Coordination should be accomplished through written statements of understanding ,and interagency agreements.

(1) Such document(s) should designate which local agencies are likely to provide emergency response service and/or support for hazardous materials incidents. Additionally, the document(s) should clearly state each agency's role, responsibilities, and resource capabilities.

(2) Written agreements developed for this purpose may be integrated into existing county emergency plans. If a commander believes that written agreements may not be in the best interest of the state, the affected Division shall be consulted.

(3) Area commanders shall ensure that their command staff (subordinate managers/supervisors) is familiar with the contents of these documents.

(4) Area commanders shall ensure that incident command duties at hazardous materials incidents are continued until all emergency operations have ended and the scene has been declared safe.

(5) Area commanders are to ensure that proper documentation for personnel exposed at hazardous materials incidents is in compliance with HPM 10.7, Injury and Illness Case Management.

b. Hazardous Materials Incident Commander. The Hazardous Materials Incident Commander is responsible for the safe and efficient mitigation of the hazardous materials event through the effective use and coordination of appropriate resources. The following are some examples of operations that must be considered by the Incident Commander.

(1) Establish a command post in accordance with the provisions contained in Chapter 13 of the HPM 70.6, Officer Safety and Chapter 1 of HPG 50.3, Emergency Incident.

(2) Identify all existing and potential hazards.

(3) Use HMIC as the required method for managing the event and establishing unified command as appropriate.

(4) Appoint a knowledgeable safety officer (CHP Hazardous Materials Specialists should be used, especially in major or complex incidents).

- (5) Assign individuals to function in the other necessary HMIC roles, (i.e., operations officer, public information officer, etc.).
- (6) Establish appropriate perimeters and limit the number of persons on-site.
- (7) Request necessary service and support resources.
- (8) Ensure telephone notification is made to the OES Warning Center (800-852-7550) as soon as possible and obtain an incident number [refer to paragraph 7.a.(2)].
- (9) Obtain timely and accurate identification and safety information for the product involved.
- (10) Based upon identification and hazard assessment, ensure appropriate personal protective equipment is available and being used by individuals working in/near the "exclusion zone" and/or "contamination reduction zone," the "buddy system" is used, and that proper decontamination protocols are being followed when decontamination of personnel/equipment is necessary. If an inhalation hazard is suspected, assure that self contained breathing apparatus (SCBA) is used. Further, assure that backups and standby emergency medical services are in use prior to entry into the contamination reduction or exclusion zones.
- (11) As stated in GO 100.25, Emergency Incident Coordination and Incident Command, the Department is obligated to remain at the scene of the incident until all emergency operations are completed. A discontinuation of protection, prior to the time the scene has been declared safe, could result in both departmental and individual civil liability.
- (12) The ultimate goal of hazardous materials incident response is to return the affected area as close to pre-incident conditions as reasonably possible. This includes hazard mitigation, clean up of contaminated areas, and return of evacuees. While many incidents can be terminated in a short period of time, some require considerable time and expense.
- (13) As with all other phases of operations, the Incident Commander is responsible to ensure that proper cleanup is performed. This includes:
 - (a) Ensure clean-up and disposal services have been obtained by the proper authority (i.e., Caltrans, Local County Roads/Public Works Department).

(b) **Ensure that personnel do not order or approve a washdown of hazardous materials for the purpose of scene cleanup for any release, regardless of size.**

(c) Occasionally, other responding agencies may be equipped to remove the materials with absorbent material. However, in many cases, the services of an authorized cleanup contractor will be required.

(14) Ensure the incident is properly documented and, if warranted, investigated for possible criminal violations. Consider calling Division Environmental Crimes Investigators, especially in complex incidents or those requiring followup investigation.

(15) To provide maximum protection to departmental employees and secure maximum compliance with the spirit of Proposition 65, "designated employees" of this Department are required to report incidents if there is a reasonable belief that the release or threatened release poses substantial present or potential hazard to human health, safety, property or the environment. An exception to the reporting requirement is made when the discharges are the subject of an ongoing criminal investigation. This exception is allowed if confidentiality must be maintained to ensure the integrity of the investigation.

(16) Assure that an IAP and an SSP are developed as required by 8 CCR and 29 CFR. In a hazardous materials emergency incident where a threat exists to life, environment, or property (public or private), specific plans are required prior to mitigation efforts being instituted.

(a) An IAP is a set of broad objectives giving a general direction and statement of purpose. For example, a statement, "Safety will be ensured under the guidelines of 8 CCR 5192(q) and 29 CFR 1910.120(q)" would be appropriate as part of the IAP. The IAP does not need to be in written form for minor or non-complex incidents but is *required to be written* for *large or complex incidents*. For hazardous materials incidents where a written IAP is not required, the Incident Commander is responsible for assuring all legal and safety requirements are fulfilled.

(b) In contrast, an SSP specifically spells out the strategies that will be used to fulfill the IAP. Statements in the SSP must be detailed, such as, "Sergeant Smith, Hazardous Materials Specialist, is assigned as the safety officer. Sergeant Smith will monitor all actions at the scene for safety. He will also approve all offensive and defensive actions taken "

The SSP is required to be written for all incidents regardless of size. Hazardous Materials Incident Commanders are encouraged to

delegate preparation of the SSP to the safety officer. **Safety officers should work closely with the Hazardous Materials Team or Health Department on scene when developing the SSP.**

(c) Incident Actions Plans and Site Safety Plans shall be submitted together with the CHP 407E, Hazardous Materials Incident Report. Refer to paragraph 7 of this chapter for completion, submission and retention requirements. More specific information on the preparation and requirements of IAP's and SSP's is contained in Annexes 2E and 2F.

c. Field Division Commanders. Field Division commanders are responsible for providing additional operational, logistical, and tactical support when the capabilities and resources of the affected Area command are not sufficient to successfully mitigate the incident. Some incidents, because of their magnitude, potential for mass casualties, or their possible political impact, may require that an Assistant Chief or the field Division commander report to the incident scene and assume the role of Incident Commander. .

d. Commercial Vehicle Section. CVS is responsible for providing administrative and technical support to field commanders with regard to any of the hazardous materials issues addressed in this manual.

5. HAZARDOUS MATERIALS SPECIALISTS.

a. The CHP is mandated to assume Incident Commander responsibilities at hazardous materials incidents within its jurisdiction. There are currently over 14 million chemicals registered with the Chemical Abstract Service, approximately 80,000 of which are considered hazardous. Over 10,000 new chemicals are developed each year. As the list grows, so does the possibility of a hazardous materials incident. Due to the volume of hazardous materials, and the variety of new chemicals being transported every year, hazardous materials emergency response has become a major safety issue and a significant challenge to departmental personnel. In response to this, specific federal and state legal mandates have been placed on first responders and Incident Commanders.

b. To provide for the specialized knowledge and information necessary to comply with these mandates, it is necessary to have a limited number of uniformed personnel trained beyond the level of first responder. It is recommended that each field Division assess their respective needs and nominate a minimum of three to four officers or sergeants to be trained to the Hazardous Materials Specialist level. The names and ID numbers of individuals selected shall be submitted to CVS. Training costs, including per diem, shall be coordinated through CVS (refer to Chapter 12 for training requirements).

6. HAZARDOUS MATERIALS INCIDENT REPORTING.

a. All hazardous materials incidents resulting in a response by an employee of this Department shall be reported as specified in this chapter. This would include the following:

(1) All events within departmental jurisdiction involving a hazardous material being transported by a vehicle.

(2) All events that occur on state property or a facility under the jurisdiction of this Department, where there is a reasonable belief that the release or threatened release poses substantial present or potential hazard to human health, safety, property or the environment.

(3) Actual or suspected illegal hazardous waste disposal activities. When an employee of this Department responds to an incident involving known or suspected illegal dumping, disposal, or abandonment of hazardous waste, it should be reported, whether or not container leakage has occurred.

(4) When an employee of this Department responds to, or encounters incidental to his/her regular duties, an incident involving known or suspected . drug lab precursor chemicals or waste.

NOTE: Many chemical compounds used to manufacture illicit drugs meet the definition of a "Hazardous Material."

(5) Rail or pipeline incidents which affect any CHP jurisdiction.

(6) Incidents outside of departmental jurisdiction which result in a response by an employee of this Department.

b. Exceptions. Reporting is not required under the following conditions:

(1) An incident initially handled as a hazardous materials incident but determined to involve a non-hazardous material (e.g., sugar, water, flour) before any mitigation action is taken (e.g., close the road, call for a hazardous materials team), shall not be reported.

(2) An incident in which there is a reasonable belief that the release or threatened release poses no substantial present or potential hazard to human health, safety, property or the environment [23112.5 VC, 25180.7 H&S (Proposition 65) and 19 CCR 2703(c)].

(a) Example 1. It is not necessary to report spills of fluids incidental to the operation of a motor vehicle (e.g., gas from the fuel tank, oil from the engine, or coolant from the radiator) less than 42 gallons total that are wholly contained within the paved portion of the highway and promptly cleaned up and disposed of by Caltrans (or county roads/public works).

(b) Example 2. A report is necessary if the petroleum product spills onto the dirt shoulder or other area that results in substantial contamination to the environment and/or requires a clean-up or excavation of soil.

(3) Incidents that are currently being investigated by departmental personnel designated as Environmental Crimes Investigators.

c. If in doubt, report it.

7. REPORTING PROCEDURES.

a. Verbal Notifications. For incidents that must be reported, (i.e., not exempted in paragraph 6.b. above) the following verbal notification shall be made:

(1) Spiller or First Person On-Scene. 19 CCR 2703 states that a person shall give an immediate, verbal report of any release or threatened release of a hazardous material to the administering agency (as designated by the involved county) and OES as soon as:

(a) A person has knowledge of the release or threatened release.

(b) Notification can be provided without impeding immediate control of the release or threatened release.

(c) Notification can be provided without impeding immediate emergency medical measures.

(2) Incident Commander. The Incident Commander is responsible for ensuring telephone notification to the OES Warning Center as soon as possible at (800) 852-7550. The Incident Commander should be prepared to provide the following information when notifying OES:

(a) The exact location of release or threatened release.

(b) The name and agency of the person reporting release or threatened release.

- (c) The hazardous materials involved in the release or threatened release.
- (d) The estimated quantity released or threatened to be released.
- (e) If known, the potential hazards presented by the hazardous materials involved.

b. CHP 407E - Hazardous Materials Incident Report.

(1) *Requirements for Completion.* A CHP 407E shall be completed for all hazardous materials incidents and suspected hazardous materials incidents resulting in a response by an employee of this Department, except as described in paragraph 6.b. of this chapter. The CHP 407E shall be completed and submitted to Division within 10 business days following conclusion of the incident. The original CHP 407E shall be forwarded through normal channels to CVS within 30 business days following conclusion of the incident.

(2) *Line-by-Line Instructions and Samples of Completed CHP 407Es.* Lineby-line instructions for completing the CHP 407E are contained in Annex 2-A. Samples of completed reports for various situations are included in Annex 2-B.

(3) *Appropriate Review of Completed CHP 407E.* Field commands should ensure that all CHP 407Es are reviewed by a commercial officer or a supervisor who is knowledgeable in hazardous materials enforcement.

(4) *Unusual Occurrences.* The CHP 407E shall be completed even if an Unusual Occurrences Comm-Net message has been sent and/or an After Action Report is required.

c. Proposition 65 Reporting Requirements. Commanders shall establish a procedure (per Proposition 65) for reporting discharges or threatened discharges of hazardous materials when a substantial present or potential threat to human health, safety, property or the environment exists. Commanders shall also establish a reporting procedure for those occasions when they are away from their respective commands.

(1) Uniform Reporting Steps. To provide for uniform reporting, the following steps shall be utilized:

- (a) Prepare a cover letter utilizing the format contained in Annex 2-C. This letter will preclude the necessity of additional Proposition 65 notifications.

(b) Copy and attach the face and back page of the completed CHP 407E.

(c) Mail items (a) and (b) to the County Health Officer and local Board of Supervisors, via certified mail.

(d) Attach a copy of the cover letter to the CHP 407E, and forward through normal channels to CVS.

(2) Required 72-hour Notification. To ensure the required notifications are made within 72 hours following the incident, telephone notification to the local Board of Supervisors and County Health Officer should precede the transmittal of the written report. It is recommended arrangements be made with the County Health Officers and Boards of Supervisors for prompt notification during other than normal business hours.

d. Headquarters Notification. Telephone and/or Comm-Net reporting to headquarters is *not required pursuant to this chapter*, but may be necessary under GO 100.80, Report of Unusual Occurrences.

e. After Action Reports. After Action Reports are required for significant or unusual occurrences. Refer to GO 100.80 for After Action Reporting policies.

f. Supplemental Reports.

(1) A supplemental report is required after an incident has been investigated and reported, and pertinent information concerning the incident becomes known (e.g., identification of a previously unknown commodity, the decision to prosecute, etc.).

(2) Supplemental reports shall be submitted in the same manner as the original CHP 407E.

8. DISPOSITION AND RETENTION OF REPORTS.

a. Areas. Areas shall retain required reports for one year plus the current calendar year.

(1) Sale of completed CHP 407Es. Areas may sell copies of completed

CHP 407Es, subject to certain restrictions, to the public in accordance with the Public Records Act, 6250 GC. Release procedures are contained in Chapter 13, HPM 11.1, Administrative Procedures.

(a) Medical information regarding CHP personnel who were injured or exposed to a hazardous material shall be omitted from copies of reports sold, pursuant to the above procedures.

(b) Report sales shall be governed by the provisions of Chapter 4, HPM 11.1.

(2) Exposure Records. The departmental safety coordinator shall maintain employee exposure records in accordance with 8 CCR.

b. Commercial Vehicle Section. CVS shall maintain the original CHP 407E for three years. Copies will be electronically transmitted to OES.

ANNEX A

DIRECTIONS FOR COMPLETING THE HAZARDOUS MATERIALS INCIDENT REPORT (407E)

1. SECTION A.

a. Identifies the agency submitting the report.

b. Definitions.

(1) Agency Name. California Highway Patrol.

(2) Agency ID Number. Leave blank; headquarters use.

(3) Agency Incident Number. Leave blank; headquarters use.

(4) Agency Phone Number. Enter (916) 327-3310.

(5) OES Control Number. This 5 digit number is assigned to the incident by the OES Warning Center when they receive telephone notification of a hazardous materials release or threatened release.

(a) The OES control number will be used for systematic coordination and data management of all hazardous material incidents throughout the state. This number provides a distinct identifier for any incident to be used by all responding agencies, and facilitates the coordination of reports regarding the same incident. OES control numbers may not be issued for late reporting of an incident.

2. SECTION B.

a. Incident Date. The date the incident actually occurred.

b. Time Notified (2400). The time the CHP was notified of the incident using the 24-hour clock.

c. Time Completed. The time CHP completed its Response/Incident Command activities.

d. Date Completed. Enter only if the Response/Incident Command activities were extended to the next day or later.

3. SECTION C.

a. Incident Address or Location. The primary location where the incident occurred. Enter the route number or the highway name and the general route direction. If the highway has both, enter the route number first.

(1) Page two of the incident report will require distance from a fixed reference point and direction of travel.

b. City/Community. The city or community in which the incident occurred. If the incident occurred in an unincorporated area, enter UNINC.

c. County. The county in which the incident occurred.

d. Zip. Enter the 5-digit zip code, if known.

4. SECTION D.

a. Weather. The weather conditions at the time of the incident.

(1) Estimated Temperature. The actual or estimated air temperature at the time of the incident. If unable to determine the temperature, enter UNK.

b. Property Use. The general use of the incident location and surrounding area. The codes are listed on page two of the CHP 407E.

(1) Property Management: Management or ownership by the federal, state, county, or city government, or a private establishment.

5. SECTION E.

a. Release Factors. Mark one or more elements that contributed to the release or threatened release of the material. If the hazardous material did not spill, check NO RELEASE.

b. Type of Equipment Involved. Note: Fuel tanks and crossover lines are part of the Vehicle Fuel System (Type 97).

c. Mobile Property Type. Mark the description(s) that best describe the vehicle(s) involved.

6. SECTION F.

a. Actions Taken. Check the response description(s) that best describe the Department's activity at the incident.

7. SECTION G.

a. Chemical or Trade Name. Enter the common or chemical trade name of the material released or posing a threat of release. When more than one commodity is involved, the first chemical entered shall be the chemical that most influenced the mitigation of the incident. If you are unable to identify the material, enter UNK.

(1) If the commodity is identified as being non-hazardous, enter the name of the substance involved, (e.g., dry cement).

b. DOT ID Number. The four-digit identification number assigned to the material and established by the US DOT. This number may be found using the following resources:

(1) DOT Emergency Response Guidebook.

(2) Placards.

(3) Shipping Papers.

(4) Manifests.

(5) Material Safety Data Sheets.

(6) 49 CCR, part 172.

(7) 40 CFR, parts 100-189.

c. DOT Hazard Class Numbers. The numerical classification (1 through 9) that best describes the potential hazard associated with the substance. The following list of the hazard class numbers shall be used:

(1) The Class numbers have the following meanings:

Class 1	Explosives
Class 2	Gases
Class 3	Flammable/Combustible liquids
Class 4	Flammable solids; spontaneously combustible

	materials; and materials that are dangerous when wet
Class 5	Oxidizers and Organic peroxides
Class 6	Poisonous and Etiologic (infectious) materials
Class 7	Radioactive materials
Class 8	Corrosives
Class 9	Miscellaneous hazardous materials

- (2) The hazard class numerical classification may also be found in:
- (a) DOT Emergency Response Guidebook.
 - (b) DOT Hazardous Materials Warning Placard/Labeling Chart 10.
 - (c) Reference material listing United Nations Hazard Class or Division numbers.
- d. CAS Number. Leave blank; headquarters use.
- e. Physical State Stored. The state of the material (solid, liquid or gas) before it was released from the container, or while it posed a threat of release.
- f. Physical State Released. The state of the material after it was released from the container. If there was no release, enter "NONE."
- g. Quantity Released. The quantity may be expressed as either pounds, gallons, or cubic feet. If the material is not normally measured in the specified units, write in the appropriate unit. If there was no release, enter "NONE."
- h. Environmental Contamination. The general area that was affected or contaminated by the released hazardous material.
- i. Extent of Release. The area the material covered when it was released. Use the codes found on page two of the CHP 407E.
- j. Container Description. Describe the container as one of the following:
- (1) Fixed. The container was securely placed, fastened, or set in a certain location and made immovable, (e.g., a one million gallon acid storage tank).
 - (2) Portable. The container can be carried around, (e.g., a one gallon plastic jug or bottle).

(3) Mobile. The container can be moved by motor or machine, (e.g., a 10,000 gallon diesel tank on a tractor trailer combination).

(4) Armored, Insulated, or Pressurized. If known, include the description of the container.

k. Container Type. This is the configuration of the commodity's container. Use the code numbers found on page two of the CHP 407E.

l. Level of Container. The level or location of the container in relation to the surface of the ground. The code numbers are found on page two of the CHP 407E.

m. Container Material. Enter the code from the list on page two of the CHP 407E that best describes the container material.

n. Container Capacity. The amount of material the container was designed to hold (pounds, gallons, or cubic feet), not the actual amount transported.

8. SECTION H.

a. More Than Two (2) Substances Involved. List additional substances in the narrative.

9. SECTION I.

a. Special Studies. This section is used to collect data not contained on the form. OES will send instructions for use of the "State Use" section to all participating agencies when needed. The Department may use the "Local Use" section for departmental studies.

10. SECTION J.

a. Hazmat Identification Sources. Information used to identify the hazardous materials involved at the incident.

(1) On-site Fire Services. Fire service personnel (career or volunteer) assigned to respond or perform duties at the incident.

(2) Off-site Fire Services. Fire service personnel (career or volunteer) not physically located at the incident, but involved in mitigation activities.

(3) On-site Non-Fire Services. Persons involved in the incident on-site who are not fire service personnel.

- (a) Police.
 - (b) Utility company employees.
 - (c) Non-fire service medical personnel.
 - (d) Civilians, involved parties or bystanders.
- (4) Off-site Non-Fire Services. Persons not physically located at the site of the incident and not fire service personnel, or an information source such as Chemtrec.
- (5) Chemist. A professional involved in the field of chemistry.
- (6) Tox Center. Agencies that provide information on household consumer-oriented products of a toxic nature, or agencies such as the Northridge Tox Center which provide information on industrially-oriented hazardous chemicals.
- (7) Chemtrec. 24-hour emergency phone number: 1-800-424-9300.
- (8) Private Information Source. Any outside person or business used to obtain information leading to the identification of a material, that is not under contract with the Department.
- (9) DOT Manual. The U.S. Department of Transportation Emergency Response Guidebook, 1993 edition (or newer).
- (10) Material Safety Data Sheets. A document prepared by product manufacturers that lists various characteristics of a specific hazardous material.
- (11) Placards/Signs. Placards or signs that are used to identify the material(s) involved.
- (12) Shipping Papers. Shipping order, bill of lading, manifest or other shipping document describing materials transported.
- (13) Contract Information Sources. Any outside person or business the Department contracts with to obtain information leading to the identification of a material.
- (14) Computer Software. Hazardous materials database software.
- (15) Other.

b. Hazmat Casualties.

(1) The number of departmental employees who were decontaminated, injured, or died, as a result of exposure or contact with the hazardous material involved.

(2) Other personnel (including the public) who were decontaminated, injured, or died, as a result of exposure or contact with the hazardous material involved.

11. SECTION K.

a. Vehicle Identification.

(1) Vehicle Make and Year. The power unit's make, model, and year.

(2) Vehicle License Number. The power unit's license number.

(3) State. The state in which the power unit is registered.

(4) Vehicle ID Number. The power unit's Vehicle Identification Number.

(a) If a power unit is not involved in the incident, use the container's identifying information to complete 1-4 above.

(5) CA/DOT/ICC/PUC Number. Leave blank; refer to Section P.

(6) Company Name. The company that owns the power unit, or container if a power unit is not involved.

12. SECTION L.

a. Reporting Officer Name. The person completing the report. Include rank and I.D. number.

b. Date. The date the report was completed. This may be different than the incident date.

c. Additional Comments on Back. Leave blank; headquarters use.

13. SECTION M.

- a. Judicial District. The name of the municipal or justice court having jurisdiction where the incident occurred.
- b. Beat. Enter the appropriate Highway or County Road Beat or use the special assignment/administrative beats.
- c. NCIC Number. Enter the four (4) digit code number assigned by the Department of Justice. This is the unique number for each jurisdiction contained in the National Crime Information Center directory. The first two digits identify the county within the state and the second two digits identify the jurisdiction within the county.
- d. Placards Required. Leave blank; headquarters use.
- e. Photographs. Indicate whether photographs were taken of the incident. This would include videotaping emergency response operations.
- f. Milepost Information. The distance and direction from the nearest milepost marker. Record the route number, county, and milepost.
- g. Time OES Notified (2400). The time CHP notified OES of an incident, using the 24-hour clock.
- h. Time Caltrans/County Roads Notified (2400). The time CHP notified Caltrans or County Road department of an incident, using the 24-hour clock.
- i. At Intersection With. The secondary location of the incident occurring within an intersection. Enter the route number or name of the intersecting highway, alley, etc.
 - (1) Or: Feet/Miles Of. The secondary location. If the incident did not occur at an intersection, enter the distance and direction from the nearest permanent reference point. If there is not a permanent reference point within a reasonable distance, enter the distance and direction from the nearest commonly known identifiable landmark.

14. SECTION N.

- a. Carrier's Name, Address, and Phone Number. The "Motor Carrier" is the registered owner, lessee, licensee, or bailee of any vehicle defined in Section 24500 VC, who operates or directs the operation of any such vehicle on a for-hire or not-for-hire basis. Include the area code when recording the phone number.

(1) For-hire Carrier. Any carrier who provides a transportation service for reward or compensation.

(2) Contract Carrier. Any for-hire carrier who transports cargo tendered exclusively by shippers under special contract and whose services are not available to the public.

(3) Private Carrier. Any carrier who transports cargo for use in his/her occupation or for other purposes without reward or compensation.

15. SECTION O.

a. Driver's Name, License Number, Address, and Phone Number. The person in actual physical control of the vehicle.

(1) Record the driver license number and the state where it was issued. If the driver is unlicensed, enter NONE.

(2) Include the area code when recording the phone number.

16. SECTION P.

a. CA/DOT/ICC. These numbers are issued to motor carriers hauling for hire or on a proprietary basis. When an incident occurs, the numbers are used to identify a carrier with an incident in the same manner a driver license is used to identify a driver with an incident.

(1) If the Department has assigned an identification number (CHP Carrier Number) to the carrier, the vehicle shall display the assigned number on or after January 1, 1986, unless the vehicle is displaying one of three other carrier operating authority numbers, or is being operated by a governmental agency. For reporting purposes on the CHP 407E, the order of preference for recording the operating authorities is:

(a) California Highway Patrol - CA...

(b) Department of Transportation - DOT...

(c) Interstate Commerce Commission - MC/MX...

(d) Public Utilities Commission - CAL-T...

17. SECTION Q.

- a. Cargo Tank Specification Number. No longer applicable.

18. SECTION R.

- a. Citation Issued or Complaint To Be Filed. Check the appropriate box.
- b. Other Hazardous Material Violations. Hazardous material violations that did not contribute to the cause of the incident.
- c. Primary Cause of Incident. Check the applicable box and list the Code violation and Section.
- d. Was Weather a Contributing Factor to Either the Cause or the Severity of the Incident?
- (1) Did the weather conditions contribute to the involved material(s) affect on the health and safety of the public and/or environment?
- e. After Action Report Required. Refer to paragraph 6.e. of this chapter.
- f. Collision Report Made. Check the applicable box. If yes, enter the collision report number.

19. SECTION S.

- a. Scene Declared Safe. Record the date and time. Enter the name, title, and agency of the individual declaring the scene safe.
- b. Road Closure. Check one or more boxes. For each box checked, except NONE, include the length of closure to the nearest 10 minute increment.
- (1) None. There were no lane closures or alternate routes established during the incident.
- (2) Full. Regardless of highway type/configuration, all traffic is prohibited from using the highway or any portion thereof because of an actual or threatened spill/release.
- (3) Partial Closure. When only a portion of a highway requires closure and controlled traffic movement is allowed on any portion, including the shoulder or center median, of the affected highway.

(4) Alternate Route. When traffic is diverted to another highway during a full highway closure.

20. SECTION T.

a. Narrative. Complete on the CHP 556, Narrative/Supplemental.

(1) Sequence of events leading to the incident.

(2) Road closures. Include the route number or highway name.

(3) Evacuation details.

(4) Environmental impact.

(a) Soil contamination.

(b) Surface water pollution.

(c) Air pollution.

(5) Clean-up actions.

(a) Authorized by.

(b) Performed by.

(c) Disposition of the commodity.

(6) Actions of other on-scene agencies.

(7) CHP Personnel on-scene.

(a) Name.

(b) Rank.

(c) I.D. Number.

(d) Function, (e.g., Incident Commander, MRE, PAO, Traffic Control, etc.).

(e) Hours involved. Time is entered to the nearest 10 minute increment.

(f) Exposed, injured, or killed (Required by Cal-OSHA, 8 CCR).
Exposure means the ingestion, inhalation, injection or absorption of a product by an individual. Include a summary describing, when, where, how and why the exposure occurred.

ANNEX B

COMPLETED HAZARDOUS MATERIALS INCIDENT REPORT (CHP 407E)

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL HAZARDOUS MATERIALS INCIDENT REPORT CHP 407E (Rev 3-91) OPI 066 Refer to G.O. 100.79				HAZARDOUS MATERIALS CONFIRMED <input type="checkbox"/> Original <input type="checkbox"/> Change <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
A AGENCY NAME California Highway Patrol		AGENCY I.D. NUMBER 66	AGENCY INCIDENT NUMBER (A.I. USE)	AGENCY PHONE NUMBER (916) 327-3310	OES CONTROL NUMBER 073423
B INCIDENT DATE (MONTH, DAY, YEAR) 1/15/91		TIME NOTIFIED 0610	TIME COMPLETED 1800	DATE COMPLETED (IF DIFFERENT)	
C INCIDENT ADDRESS/LOCATION E/U.S. 50 299 ft. E Wrights Lake Rd.		CITY/TOWN/CITY uninc	COUNTY El Dorado	ZIP CODE 95945	
D WEATHER (CHECK BEST DESCRIPTION) <input type="checkbox"/> 1 Clear <input type="checkbox"/> 3 Rain <input type="checkbox"/> 4 Snow <input type="checkbox"/> 0 Unknown <input type="checkbox"/> 5 Hail <input type="checkbox"/> 6 Electrical storm <input type="checkbox"/> 7 Fog <input type="checkbox"/> 8 High wind <input type="checkbox"/> 9 Other EST. TEMPERATURE 60F					
E RELEASE FACTORS (CHECK BEST DESCRIPTIONS)		TYPE OF EQUIPMENT INVOLVED		MOBILE PROPERTY TYPE	
<input type="checkbox"/> 11 Intentional act <input type="checkbox"/> 12 Suspicious act <input type="checkbox"/> 30 Failure to control hazmat <input type="checkbox"/> 31 Abandoned <input type="checkbox"/> 40 Misuse of hazmat <input type="checkbox"/> 50 Mechanical failure <input type="checkbox"/> 60 Design, construction installation deficiency <input checked="" type="checkbox"/> 70 Operational deficiency <input checked="" type="checkbox"/> 71 Collision/overturn <input type="checkbox"/> 80 Natural condition <input type="checkbox"/> 94 Fire/explosion <input type="checkbox"/> 98 No release <input type="checkbox"/> 99 Other <input type="checkbox"/> 00 Undetermined		<input type="checkbox"/> 10 Heating systems <input type="checkbox"/> 30 Air condition/refrig <input type="checkbox"/> 77 Chem processing equipment <input type="checkbox"/> 78 Waste recovery equipment <input type="checkbox"/> 96 Hazmat transfer equipment <input type="checkbox"/> 97 Vehicle fuel system <input type="checkbox"/> 98 No equipment involved <input type="checkbox"/> 99 Other <input type="checkbox"/> 00 Undetermined		<input checked="" type="checkbox"/> 10 Passenger vehicle/road <input checked="" type="checkbox"/> 20 Freight vehicle/road <input type="checkbox"/> 30 Rail transport vehicle <input type="checkbox"/> 40 Water transport vessel <input type="checkbox"/> 50 Air transport vessel <input type="checkbox"/> 60 Heavy equip. indust/agri <input type="checkbox"/> 98 No mobile property involved <input type="checkbox"/> 99 Other <input type="checkbox"/> 00 Undetermined	
F ACTION TAKEN (CHECK ONE OR MORE)					
<input type="checkbox"/> 31 Rescue, remove from harm <input type="checkbox"/> 32 Extrication, disentanglement <input type="checkbox"/> 33 Emergency medical services <input type="checkbox"/> 35 Search <input type="checkbox"/> 36 Transport <input type="checkbox"/> 41 Remove hazard (neutralized) <input type="checkbox"/> 42 ID/analysis of hazmat <input type="checkbox"/> 43 Evacuation <input type="checkbox"/> 44 Establish safe area <input type="checkbox"/> 45 Monitor <input type="checkbox"/> 46 Decon-person/equip. <input type="checkbox"/> 47 Decon-area (clean up) <input type="checkbox"/> 48 Contain/control hazmat <input checked="" type="checkbox"/> 51 Crowd control <input checked="" type="checkbox"/> 52 Traffic control <input type="checkbox"/> 63 Notify other agency <input checked="" type="checkbox"/> 64 Provide public information <input checked="" type="checkbox"/> 71 Investigate <input type="checkbox"/> 73 Shut down system <input type="checkbox"/> 82 Secure property <input type="checkbox"/> 92 Refer to proper authority <input type="checkbox"/> 97 Hazmat response, material determined to be non hazardous <input type="checkbox"/> 98 No action taken <input type="checkbox"/> 99 Other					
G CHEMICAL NAME OR TRADE NAME (PRINT OR TYPE) Formaldehyde					
PHYSICAL STATE STORED 1 Solid <input checked="" type="checkbox"/> 2 Liquid <input type="checkbox"/> 3 Gas		PHYSICAL STATE RELEASED 1 Solid <input checked="" type="checkbox"/> 2 Liquid <input type="checkbox"/> 3 Gas		DOT ID NUMBER 1198	DOT HAZARD CLASS 3
QUANTITY RELEASED (LBS., GAL., ETC.) 300 Gal.		ENVIRONMENTAL CONTAMINATION <input checked="" type="checkbox"/> 1 Air <input type="checkbox"/> 3 Ground <input type="checkbox"/> 2 Water <input type="checkbox"/> 9 Other		EXTENT OF RELEASE (CODES ON REVERSE) 7	
CONTAINER DESCRIPTION 1 Fixed <input type="checkbox"/> 2 Portable <input type="checkbox"/> 3 Mobile <input checked="" type="checkbox"/>		CONTAINER TYPE (CODES ON REVERSE) 1 Insulated <input type="checkbox"/> 2 Pressurized <input type="checkbox"/> 3 Armored <input type="checkbox"/>		LEVEL OF CONTAINER (CODES ON REVERSE) 21	CONTAINER MATERIAL (CODES ON REVERSE) 30
CONTAINER CAPACITY (LBS., GAL., ETC.) 3,000 Gal.		CONTAINER MATERIAL (CODES ON REVERSE) 2		CONTAINER CAPACITY (LBS., GAL., ETC.) 3,000 Gal.	
H MORE THAN TWO SUBSTANCES INVOLVED (LIST ADDITIONAL INFORMATION ON CHP 559) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
I SPECIAL STUDIES—LOCAL USE 1. A B C D 2. A B C D 3. A B C D 4. A B C D 5. A B C D 6. A B C D					
J HAZMAT IDENTIFICATION SOURCES (CHECK BEST DESCRIPTIONS) <input type="checkbox"/> 19 On-site fire services <input type="checkbox"/> 25 Private info source <input type="checkbox"/> 29 Off-site fire services <input type="checkbox"/> 40 On-site non-fire services <input type="checkbox"/> 60 Off-site non-fire services <input type="checkbox"/> 54 Chemist <input type="checkbox"/> 56 Tax center <input type="checkbox"/> 59 Chemtec <input type="checkbox"/> 71 DOT manual <input checked="" type="checkbox"/> 73 MSDS <input checked="" type="checkbox"/> 75 Placards/signs <input checked="" type="checkbox"/> 78 Shipping papers <input type="checkbox"/> 87 Computer software <input type="checkbox"/> 98 No reference material used <input type="checkbox"/> 99 Other				K HAZMAT CASUALTIES Responding agency personnel: 2 Others: 0 NO. OF DECON/ EXPOSED: 2 NO. OF INJURIES: 1 NO. FATALITIES: 0	
L VEHICLE MAKE/YEAR KW/83		VEHICLE LICENSE NO. 2P12345	STATE CA	VEHICLE I.D. NO. (VIN) 42L12345Z369AB146	COMPANY NAME Rotter Trucking
M REPORTING OFFICER NAME/RANK/ID. NO. (PRINT OR TYPE) I. D. Vader, Sgt. 20508				DATE 1/15/91	COMMENTS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No

Destroy previous editions.

ANNEX B

COMPLETED HAZARDOUS MATERIALS INCIDENT REPORT (CHP 407E)

CODES			
D. PROPERTY USE AND SURROUNDING AREA TYPE		G. EXTENT OF RELEASE	
100 Public assembly	752 Hazmat chem mtg	950 Railroad	1 Confined to vehicle/equipment
200 Educational	757 Petroleum refinery	961 Freeway	2 Confined to room of origin
300 Health care	800 Storage	952 County/City road	3 Confined to floor of origin
400 Residential	931 Open land	963 Private road	4 Confined to structure of origin
500 Mercantile, Business	936 Vacant lot	965 Rest stop/vista point	6 Confined to property use of origin
600 Industrial, Utility	941 Open sea	966 Scale/inspection facility	7 Release beyond property use of origin
650 Agricultural	942 Harbor/Port	099 Other (explain in Comments)	8 NO RELEASE
700 Manufacturing	945 Lake/Pond/River		9 Other (explain in Comments section)
			0 Undetermined
G. CONTAINER TYPE		LEVEL OF CONTAINER	G. CONTAINER MATERIAL
11 Drum	24 Machinery or process equipment	11 Ground level	1 Iron and iron alloys
12 Cylinder	31 Sump/Pit	30 Above ground	2 Aluminum and aluminum alloys
13 Can or bottle	32 Pond or surface impoundment	40 Below ground	3 Copper and copper alloys
14 Carboy	33 Well		4 Plastic (includes fiberglass), rigid
15 Box or carton	41 Vehicular fuel tank		5 Plastic, flexible
16 Bag	98 NO CONTAINER		6 Wood, paper, and cellulose products
21 Tank or silo (including vehicle cargo tanks)	99 Other (explain in Comments Section)		7 Glass
22 Pipe	00 Undetermined		9 Other (explain in Comments)
			0 Undetermined
JUDICIAL DISTRICT		BEAT	INCIC NUMBER
Placerville		514	9245
MILEPOST INFORMATION		TIME O.E.S. NOTIFIED	TIME CALTRANS/COUNTY ROADS NOTIFIED
<input checked="" type="checkbox"/> At intersection with Feet W of milepost 50 ED 41:17 Or: 200 Feet/ Miles E of Wrights Lake Rd.		0655	0700
CARRIER'S NAME		PHONE NUMBER (INCLUDE AREA CODE)	
Rotter Trucking		(415) 423-5432	
ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)		DRIVER'S NAME	
4103 Jerrey Way, Milpitas, CA 95159		Don Frye	
DRIVER'S NAME		LICENSE NUMBER AND STATE	PHONE NUMBER (INCLUDE AREA CODE)
2317 Walter Ave., Oakland, CA 94608		A4236234 CA	(415) 725-3066
CHP NUMBER		PUC NUMBER	
CA 8 7 6 5 4 3		T 1 2 3 4 5	
DOT NUMBER		ICC NUMBER	
US 9 7 3		MC 7 9 6 1 2	
If applicable, enter cargo tank specification number and/or at least one of the following:			
CARGO TANK SPECIFICATION NUMBER		1. CHP cargo tank registration number (CT...)	
DOT-E MC 3 0 6		CT 10425	
		2. DHS Waste Hauler Compliance Sticker number	
		CA 42664	
CITATION ISSUED OR COMPLAINT TO BE FILED		OTHER HAZARDOUS MATERIALS VIOLATIONS (NON-CAUSATIVE)	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined		<input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No 34506 (R) vc	
PRIMARY CAUSE OF INCIDENT		DID WEATHER CONTRIBUTE TO EITHER CAUSE AND/OR SEVERITY OF INCIDENT?	
<input type="checkbox"/> Violation 34506(b) VC/C.C.R. Section <input checked="" type="checkbox"/> Other Code violation 29002vc Def. Fifth Wheel Locking Device		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DATE AND TIME SCENE DECLARED SAFE BY WHOM (NAME, TITLE AND AGENCY)		AFTER ACTION REPORT REQUIRED? (REFER TO G.O. NO.79)	
1/15/91 1800 D. Smith, County Health		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ROAD CLOSURE		COLLISION REPORT MADE? NUMBER	
<input type="checkbox"/> None <input checked="" type="checkbox"/> Full—Hours: 11.5 <input type="checkbox"/> Partial—Hours:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 9-245-67	
<input checked="" type="checkbox"/> Alternative route—Hours: 11.5			
Complete narrative on CHP 556 ELEMENTS (AS APPLICABLE): IF MORE THAN ONE CARRIER OR MORE THAN THREE COMMODITIES ARE INVOLVED, INCLUDE ADDITIONAL INFORMATION IN NARRATIVE.			
1. Sequence of events		3. Evacuation details	
2. Road closures		4. Environmental impact	
5. Cleanup actions		6. Actions of other agencies	
7. CHP personnel data—name, rank, LD, no., function, exposure, hours			
PREPARER'S NAME, RANK, AND LD NUMBER		DATE	REVIEWER'S NAME, RANK, AND LD NUMBER
J. D. Vader, Sgt. 20508		1/15/91	H. Ford, Lt. 13353
			DATE
			1/22/91

ANNEX B

COMPLETED HAZARDOUS MATERIALS INCIDENT REPORT USING NARRATIVE/SUPPLEMENTAL (CHP 556)

NARRATIVE/SUPPLEMENTAL				PAGE 3	
DATE OF INCIDENT / OCCURRENCE 1/15/91 Incident		TIME (MMSS) 0610	INCIDENT NUMBER 9245	OFFICER I.D. NUMBER 20508	REPORTING DISTRICT / BEAT 514
<input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> SUPPLEMENTAL		<input type="checkbox"/> COLLISION REPORT <input checked="" type="checkbox"/> OTHER: 407E		<input type="checkbox"/> SA UPDATE <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> FATAL <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> HT & REUR UPDATE <input type="checkbox"/> OTHER	
CITY / COUNTY / JUDICIAL DISTRICT UNINC/Eldorado/Placerville			REPORTING DISTRICT / BEAT 514	CITATION NUMBER	
LOCATION / SUBJECT E/B US 50 E/Wrights Lake Rd.					STATE / HIGHWAY RELATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
1. SEQUENCE OF EVENTS					
2. A truck towing a tank trailer was E/B US 50 near Wrights Lake Road when the trailer became					
3. disconnected, traveled down an embankment and came to rest on its side. Collision damage					
4. caused a leak in the tank trailer. However, CDF was able to partially seal the leak and by					
5. diking, confined the spill to a 500 square foot area.					
6. ROAD CLOSURES					
7. US 50 was closed at Sly Park and Mt. Aukum Rd. and a detour established via Sly Park Rd.,					
8. Mt. Aukum Rd., SR 88, and SR 89. The scene was secured at 1800 and US 50 reopened.					
9. EVACUATION DETAILS					
10. Due to the isolated location and the commodity involved, no evacuation was required.					
11. ENVIRONMENTAL IMPACT					
12. None					
13. CLEAN-UP ACTIONS					
14. Caltrans called Ace Environmental for clean-up at 0730. A vacuum truck arrived at 1000 and					
15. commodity transfer and decontamination were completed at 1300. Caltrans also arranged for					
16. disposal of approximately 25 yards of contaminated soil.					
17. ACTIONS OF OTHER AGENCIES					
18. CDF - Contained spill					
19. Caltrans - Supervised clean-up					
20. CHP PERSONNEL INVOLVED					
21. Name	Rank	I.D.	Exposed	Injured	Total Hours
22. J.D. Vader	Sgt.	20508	(Scene Mgr.) No	No	10.3
23. D.L. Smith	T.O.	21485	(MRE) Yes	No	11.3
24. G.V. Green	T.O.	21743	(Inv. Officer) Yes	Yes	11.0
25.			TOTAL		33.0
26. Officers Green and Smith were exposed due to momentary wind shift. Officer Green					
27. complained of eye irritation and sore throat. Both Officers were transported by CHP to					
28. Alpine Hospital. Officer Green was examined for injuries resulting from commodity					
29. exposure. Officer Smith, although not injured, was exposed and therefore examined as					
30. a precautionary measure. Both officers were subsequently released.					
31.					
32.					
PREPARED BY J. D. VADER, SGT.		I.D. NUMBER 20508	DATE / TIME YEAR 1/15/91	REPORTED BY H. FORD, LT.	DATE / TIME YEAR 1/22/91

ANNEX B

COMPLETED HAZARDOUS MATERIALS INCIDENT REPORT USING
NARRATIVE/SUPPLEMENTAL (CHP 556)

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
CHP 556 (Rev. 7-90) CPI 042

Page 4

DATE OF INCIDENT OCCURRENCE 1/15/91	TIME (MM/SS) 0610	INCIDENT NUMBER 9243	OFFICER I.D. NUMBER 20508	NUMBER
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<input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental	<input type="checkbox"/> Collision report <input checked="" type="checkbox"/> Other: 407E	TYPE SUPPLEMENTAL (IF APPLICABLE) <input type="checkbox"/> BA update <input type="checkbox"/> Fatal <input type="checkbox"/> Hazardous materials <input type="checkbox"/> School bus <input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:	
--	--	--	--

CITY/COUNTY/JUDICIAL DISTRICT UNIC/Eldorado/Placerville	REPORTING DISTRICT/BEAT 514	CITATION NUMBER
LOCATION/SUBJECT E/B US 50 E/Wrights Lake Rd.	STATE HIGHWAY RELATED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

1. Additional
2. A complaint was filed for violation of Section 29002VC, improperly maintained fifth
3. wheel locking device and Section 34506(B) VC (13 CAC 1161(B)), improper shipping
4. papers, UN number not indicated.
- 5.
- 6.
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- 31.

PREPARER'S NAME AND I.D. NUMBER J.D. Vader, SGT. 20508	DATE 1/15/91	REVIEWER'S NAME H. Ford, LT.	DATE 1/22/91
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Use previous editions until depleted.

90 575a

ANNEX B

COMPLETED HAZARDOUS MATERIALS INCIDENT REPORT (CHP 407E) FOR A THREATENED RELEASE

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL HAZARDOUS MATERIALS INCIDENT REPORT CHP 407E (Rev 3-91) OPI 066 Refer to G.O. 100.79					HAZARDOUS MATERIALS CONFIRMED			
					<input type="checkbox"/> Original <input type="checkbox"/> Change <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
A AGENCY NAME California Highway Patrol		AGENCY ID NUMBER 66	AGENCY INCIDENT NUMBER (MIL. LAB.)	AGENCY PHONE NUMBER (916) 327-3310	OCS CONTROL NUMBER 009127			
B INCIDENT DATE (MONTH, DAY, YEAR) 6/21/91		TIME NOTIFIED 1120	TIME COMPLETED 1255	DATE COMPLETED (IF DIFFERENT)				
C INCIDENT ADDRESS/LOCATION 300 ft. S/El Puma Circle		CITY/COMMUNITY Uninc	COUNTY Tuolumne	ZIP CODE 95482				
D WEATHER (CHECK BEST DESCRIPTION) <input type="checkbox"/> 5 Mist <input type="checkbox"/> 6 Electrical storm <input type="checkbox"/> 7 Fog <input checked="" type="checkbox"/> 1 Clear <input type="checkbox"/> 3 Rain <input type="checkbox"/> 4 Snow <input type="checkbox"/> 8 High wind <input type="checkbox"/> 9 Other <input type="checkbox"/> 0 Unknown								
PROPERTY USE (CODES ON REVERSE) 962		SURROUNDING AREA (CODES ON REVERSE) 400		PROPERTY MANAGEMENT <input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Private <input type="checkbox"/> Unknown				
E RELEASE FACTORS (CHECK BEST DESCRIPTIONS)								
11 Intentional act 12 Suspicious act 30 Failure to control hazmat 31 Abandoned 40 Misuse of hazmat 50 Mechanical failure 60 Design, construction installation deficiency		70 Operational deficiency X 71 Collision/overturn 80 Natural condition 94 Fire/explosion X 98 No release 99 Other 00 Undetermined		TYPE OF EQUIPMENT INVOLVED 10 Heating systems 30 Air conditioning 77 Chem processing equipment 78 Waste recovery equipment 96 Hazmat transfer equipment 97 Vehicle fuel system 98 No equipment involved 99 Other 00 Undetermined		MOBILE PROPERTY TYPE 10 Passenger vehicle/road X 20 Freight vehicle/road 30 Rail transport vehicle 40 Water transport vessel 50 Air transport vessel 60 Heavy equip. Indust/agri 98 No mobile property involved 99 Other 00 Undetermined		
F ACTION TAKEN (CHECK ONE OR MORE)								
31 Rescue, remove from harm 32 Excavation, disentanglement 33 Emergency medical services 35 Search 36 Transport 41 Remove hazard (neutralized)		42 ID/analysis of hazmat X 43 Evacuation X 44 Establish safe area 45 Monitor 46 Decon-person/equip. 47 Decon-area (clean up) 48 Contain/control hazmat		X 61 Crowd control X 62 Traffic control 63 Notify other agency X 64 Provide public information X 71 Investigate 73 Shut down system 82 Secure property		92 Refer to proper authority 97 Hazmat response, material determined to be non hazardous 98 No action taken 99 Other		
G CHEMICAL NAME OR TRADE NAME (PRINT OR TYPE) Liquified Petroleum Gas								
PHYSICAL STATE STORED 1 Solid X 2 Liquid 3 Gas		PHYSICAL STATE RELEASED None		DOT ID NUMBER 1075	DOT HAZARD CLASS 2	CAS NUMBER		
CONTAINER DESCRIPTION X 3 Mobile		CONTAINER TYPE (CODES ON REVERSE) 21	LEVEL OF CONTAINER (CODES ON REVERSE) 30	ENVIRONMENTAL CONTAMINATION 1 Air 2 Water 3 Ground 9 Other		EXTENT OF RELEASE (CODES ON REVERSE) 8		
CONTAINER CAPACITY (LBS., GAL., ETC.) 1900 Gal.								
H MORE THAN TWO SUBSTANCES INVOLVED (LIST ADDITIONAL INFORMATION ON CHP 309) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
I SPECIAL STUDIES—LOCAL USE								
1. A B C D 2. A B C D 3. A B C D 4. A B C D 5. A B C D 6. A B C D								
J HAZMAT IDENTIFICATION SOURCES (CHECK BEST DESCRIPTIONS)								
19 On-site fire services 25 Private info source 29 Off-site fire services 40 On-site non-fire services 60 Off-site non-fire services 64 Chemist		58 Tox center 59 Chemtec 71 DOT manual 73 MSDS X 75 Picards/signs		78 Shipping papers 87 Computer software 98 No reference material used 99 Other		HAZMAT CASUALTIES NO. OF DECON/ EXPOSED Responding agency personnel: 0 Others: 0	NO. OF INJURIES 0 0	NO. FATALITIES 0 0
K VEHICLE MAKE/YEAR Peterbilt/90		VEHICLE LICENSE NO. 1223878	STATE CA	VEHICLE ID. NO. (VIN) 1T3A426EMD11432758	CASCO/PLUCHOC NO.	COMPANY NAME Suburban Propane		
L REPORTING OFFICER NAME (PRINT OR TYPE) C. Miller, Sgt. 13021				DATE 6/21/91	COMMENTS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No			

Destroy previous editions.

ANNEX B

COMPLETED HAZARDOUS MATERIALS INCIDENT REPORT (CHP 407E) FOR A THREATENED RELEASE

CODES			
D. PROPERTY USE AND SURROUNDING AREA TYPE		G. EXTENT OF RELEASE	
100 Public assembly	762 Hazmat chem rig	950 Railroad	1 Confined to vehicle/equipment
200 Educational	767 Petroleum refinery	961 Freeway	2 Confined to roots of origin
300 Health care	800 Storage	962 County/City road	3 Confined to floor of origin
400 Residential	931 Open land	963 Private road	4 Confined to structure of origin
500 Mercantile, Business	936 Vacant lot	965 Rest stop/visa point	6 Confined to property use of origin
600 Industrial, Utility	941 Open sea	966 Scale/inspection facility	7 Release beyond property use of origin
650 Agricultural	942 Harbor/Port	099 Other (explain in Comments)	8 NO RELEASE
700 Manufacturing	946 Lake/Pond/River		9 Other (explain in Comments section)
			0 Undetermined
G. CONTAINER TYPE		LEVEL OF CONTAINER	G. CONTAINER MATERIAL
11 Drum	24 Machinery or process equipment	11 Ground level	1 Iron and iron alloys
12 Cylinder	31 Sump/Pit	30 Above ground	2 Aluminum and aluminum alloys
13 Can or bottle	32 Pond or surface impoundment	40 Below ground	3 Copper and copper alloys
14 Carboy	33 Well		4 Plastic (includes fiberglass), rigid
15 Box or carton	41 Vehicular fuel tank		5 Plastic, flexible
16 Bag	98 NO CONTAINER		6 Wood, paper, and cellulose products
21 Tank or silo (including vehicle cargo tanks)	99 Other (explain in Comments Section)		7 Glass
22 Pipe	00 Undetermined		9 Other (explain in Comments)
			0 Undetermined
JUDICIAL DISTRICT		BEAT	NCIC NUMBER
Sonoma		20	9425
MILEPOST INFORMATION		TIME O.E.S. NOTIFIED	TIME CALTRANS/COUNTY ROADS NOTIFIED
<input type="checkbox"/> Feet of milepost <input checked="" type="checkbox"/> At intersection with <input checked="" type="checkbox"/> Cr. 300 Feet/miles S of El Puma Circle			
CARRIER'S NAME		PHONE NUMBER (INCLUDE AREA CODE)	
Suburban Propane		(916) 235-3456	
ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)			
P. O. Box 517, Jamestown, CA 95207			
DRIVER'S NAME		LICENSE NUMBER AND STATE	PHONE NUMBER (INCLUDE AREA CODE)
Bobby Snider		B2341432 CA	(916) 555-3213
ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)			
1335 Christmas Tree Lane, Stocton, CA 95207			
Enter at least one of either the CHP, DOT, PUC, or ICC number:		CHP NUMBER	
		PUC NUMBER	
		DOT NUMBER	
		ICC NUMBER	
		CA	T
		US 1 6 4 8	MC
If applicable, enter cargo tank specification number and/or at least one of the following:			
CARGO TANK SPECIFICATION NUMBER		1. CHP cargo tank registration number (CT...)	
DOT-# MC 3 3 0		2. DHS Waste Hauler Compliance Sicker number	
CITATION ISSUED OR COMPLAINT TO BE FILED		OTHER HAZARDOUS MATERIALS VIOLATIONS (NON-CAUSATIVE)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not determined		<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	
PRIMARY CAUSE OF INCIDENT		DID WEATHER CONTRIBUTE TO EITHER CAUSE AND/OR SEVERITY OF INCIDENT?	
<input type="checkbox"/> Violation 34506(b) VCC.C.R. Section <input checked="" type="checkbox"/> Other Code violation 22107 VC Unsafe Turn <input type="checkbox"/> Other cause*		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		AFTER ACTION REPORT REQUIRED? (REFER TO G.O. 100.27)	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		COLLISION REPORT MADE?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DATE AND TIME SCENE DECLARED SAFE (BY WHOM (NAME, TITLE AND AGENCY))		NUMBER	
6/21/91 1255 R. Snow, Lt. CHP			
ROAD CLOSURE			
<input type="checkbox"/> None <input checked="" type="checkbox"/> Full—Hours: 1.5 <input type="checkbox"/> Partial—Hours: <input type="checkbox"/> Alternative route—Hours:			
Complete narrative on CHP 556 ELEMENTS (AS APPLICABLE): IF MORE THAN ONE CARRIER OR MORE THAN THREE COMMODITIES ARE INVOLVED, INCLUDE ADDITIONAL INFORMATION IN NARRATIVE.			
1. Sequence of events 3. Evacuation details 5. Cleanup actions 7. CHP personnel data—name, rank, LD. no., function, exposure, hours 2. Road closures 4. Environmental impact 6. Actions of other agencies			
PREPARED BY (NAME, RANK, AND ID NUMBER)		DATE	REVIEWER'S NAME, RANK, AND ID NUMBER
C. Miller, Sgt. 13021		6/21/91	K. Snow, Lt. 11001
			DATE
			6/22/91

ANNEX B

COMPLETED HAZARDOUS MATERIALS INCIDENT REPORT USING NARRATIVE/SUPPLEMENTAL (CHP 556) FOR A THREATENED RELEASE

NARRATIVE/SUPPLEMENTAL						PAGE 3	
DATE OF CALL/REPORT 6/21/91	INCIDENT Incident	FILE NUMBER 1120	NOE NUMBER 9425	OFFICER ID 13021	NUMBER		
TYPE OF CASE		TYPE SUPPLEMENTAL/IF APPLICABLE					
<input checked="" type="checkbox"/> NARRATIVE	<input type="checkbox"/> COLLISION REPORT	<input type="checkbox"/> AIRPORT	<input type="checkbox"/> FATAL	<input type="checkbox"/> HT & RUM UPDATE			
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> OTHER 407E	<input type="checkbox"/> HAZARDOUS MATERIALS	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> OTHER			
CITY/COUNTY/SOCIAL DISTRICT UNINC/Tuolumne/Sonora				REPORTING DISTRICT/AREA 20	CITY OR NUMBER		
LOCATION/ADDRESS El Oso Way S/N. El Puma Circle				STATE HIGHWAY RELATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
1. SEQUENCE OF EVENTS							
2. At 1030 hrs. a propane tank truck was N/B El Oso Way attempting a right turn into a private							
3. driveway, at 21771 El Oso Way. While making the turn, the right rear dual tires dropped							
4. 2-3 ft. down an embankment, causing the vehicle to become unstable. The driver called Ric's							
5. Tow Service to respond. Ric's Tow arrived with two tow trucks and stabilized the tank with							
6. binders while waiting for assistance from Fire Services, Sheriff's Personnel and CHP.							
7. ROAD CLOSURES							
8. Both ends of El Oso were closed to traffic at 1050 hrs.							
9. EVACUATION DETAILS							
10. At 1050 hrs. Tuolumne Co. Fire Dept. and the Sheriff's Dept. started evacuation of residents							
11. on El Oso Way.							
12. At 1230 hrs. the area of Paseo DeLas Portales was evacuated.							
13. At 1255 hrs. residents were allowed to return to the area.							
14. ENVIRONMENTAL IMPACT							
15. None							
16. CLEAN-UP ACTIONS							
17. None, no release.							
18. ACTION'S OF OTHER AGENICES							
19. Co. Roads Supervisor, Dee Oho, arrived at the scene at 1050 hours.							
20. CHP PERSONNEL INVOLVED							
21.	Name	Rank	I.D.	Function	Exposed	Injured	Total Hours
22.	K. Snow	Lt.	11001	Scene Mgr.	No	No	2
23.	C. Miller	Sgt.	13201	MRE	No	No	2
24.	J. Job	T.O.	13113	PAO	No	No	2
25.	L. Cap	T.O.	13201	Traffic Control	No	No	2
26.						TOTAL	8
27.							
28.							
29.							
30.							
31.							
32.	REPORTING OFFICER C. MILLER, Sgt.	PO NUMBER 13021	DATE/TIME/PLACE 6/21/91	REPORT TYPE	REPORT NUMBER		

ANNEX B

COMPLETED HAZARDOUS MATERIALS INCIDENT REPORT (CHP 407E) FOR A HAZARDOUS WASTE DUMPING INCIDENT

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL HAZARDOUS MATERIALS INCIDENT REPORT CHP 407E (Rev 3-91) OPI 066 Refer to G.O. 100.79						HAZARDOUS MATERIALS CONFIRMED <input checked="" type="checkbox"/> Original <input type="checkbox"/> Change <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
A AGENCY NAME California Highway Patrol		AGENCY I.D. NUMBER 66		AGENCY INCIDENT NUMBER (INCL. USE)		AGENCY PHONE NUMBER (916) 327-3310		OES CONTROL NUMBER 08921			
B INCIDENT DATE (MONTH, DAY, YEAR) 12/30/91		TIME NOTIFIED 0820		TIME COMPLETED 1500		DATE COMPLETED (IF DIFFERENT)					
C INCIDENT ADDRESS/LOCATION Road 36 .3 mi S/Ave. 12				CITY/COMMUNITY Uninc		COUNTY Madera		ZIP CODE 93637			
D WEATHER (CHECK BEST DESCRIPTION) <input type="checkbox"/> 1 Clear <input type="checkbox"/> 2 Rain <input type="checkbox"/> 3 Fog <input type="checkbox"/> 4 Snow <input type="checkbox"/> 5 Hail <input type="checkbox"/> 6 Electrical storm <input type="checkbox"/> 7 Fog <input type="checkbox"/> 8 High wind <input type="checkbox"/> 9 Other <input type="checkbox"/> 0 Unknown										EST. TEMPERATURE 80 F	
E PROPERTY USE (CODES ON REVERSE) 962			SURROUNDING AREA (CODES ON REVERSE) 650			PROPERTY MANAGEMENT <input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Private <input type="checkbox"/> Unknown					
RELEASE FACTORS (CHECK BEST DESCRIPTIONS) <input checked="" type="checkbox"/> 11 Intentional act <input checked="" type="checkbox"/> 12 Suspicious act <input type="checkbox"/> 30 Failure to control hazmat <input type="checkbox"/> 31 Abandoned <input type="checkbox"/> 40 Misuse of hazmat <input type="checkbox"/> 50 Mechanical failure <input type="checkbox"/> 60 Design, construction installation deficiency				TYPE OF EQUIPMENT INVOLVED <input type="checkbox"/> 10 Heating systems <input type="checkbox"/> 30 Air condition/refrig <input type="checkbox"/> 77 Chem processing equipment <input type="checkbox"/> 78 Waste recovery equipment <input type="checkbox"/> 96 Hazmat transfer equipment <input type="checkbox"/> 97 Vehicle fuel system <input type="checkbox"/> 98 No equipment involved <input type="checkbox"/> 99 Other <input type="checkbox"/> 00 Undetermined				MOBILE PROPERTY TYPE <input type="checkbox"/> 10 Passenger vehicle/road <input type="checkbox"/> 20 Freight vehicle/trailer <input type="checkbox"/> 30 Rail transport vehicle <input type="checkbox"/> 40 Water transport vessel <input type="checkbox"/> 50 Air transport vessel <input type="checkbox"/> 60 Heavy equip. indust./agri <input type="checkbox"/> 98 No mobile property involved <input type="checkbox"/> 99 Other <input type="checkbox"/> 00 Undetermined			
F ACTION TAKEN (CHECK ONE OR MORE) <input type="checkbox"/> 31 Rescue, remove from harm <input type="checkbox"/> 32 Evacuation, disentanglement <input type="checkbox"/> 33 Emergency medical services <input type="checkbox"/> 35 Search <input type="checkbox"/> 36 Transport <input type="checkbox"/> 41 Remove hazard (neutralized) <input type="checkbox"/> 42 ID/analysis of hazmat <input type="checkbox"/> 43 Evacuation <input type="checkbox"/> 44 Establish safe area <input type="checkbox"/> 45 Monitor <input type="checkbox"/> 46 Decon-person/equip. <input type="checkbox"/> 47 Decon-area (clean up) <input type="checkbox"/> 48 Contain/control hazmat <input checked="" type="checkbox"/> 51 Crowd control <input checked="" type="checkbox"/> 52 Traffic control <input type="checkbox"/> 53 Notify other agency <input checked="" type="checkbox"/> 54 Provide public information <input checked="" type="checkbox"/> 57 Investigate <input type="checkbox"/> 58 Shut down system <input type="checkbox"/> 62 Secure property <input type="checkbox"/> 92 Refer to proper authority <input type="checkbox"/> 97 Hazmat response, material determined to be non hazardous <input type="checkbox"/> 98 No action taken <input type="checkbox"/> 99 Other											
G CHEMICAL NAME OR TRADE NAME (PRINT OR TYPE) Ethyl Ether				DOT ID NUMBER 1155		DOT HAZARD CLASS 3		CAS NUMBER			
PHYSICAL STATE STORED <input type="checkbox"/> 1 Solid <input checked="" type="checkbox"/> 2 Liquid <input type="checkbox"/> 3 Gas		PHYSICAL STATE RELEASED None <input type="checkbox"/> 1 Solid <input type="checkbox"/> 2 Liquid <input type="checkbox"/> 3 Gas		QUANTITY RELEASED (LBS., GAL., ETC.)		ENVIRONMENTAL CONTAMINATION <input type="checkbox"/> 1 Air <input type="checkbox"/> 2 Water <input type="checkbox"/> 3 Ground <input type="checkbox"/> 9 Other		EXTENT OF RELEASE (CODES ON REVERSE) 8			
CONTAINER DESCRIPTION <input type="checkbox"/> 1 Fixed <input checked="" type="checkbox"/> 2 Portable <input type="checkbox"/> 3 Mobile		CONTAINER TYPE (CODES ON REVERSE) <input type="checkbox"/> 1 Insulated <input type="checkbox"/> 2 Pressurized <input type="checkbox"/> 3 Armored		LEVEL OF CONTAINER (CODES ON REVERSE) 11		CONTAINER MATERIAL (CODES ON REVERSE) 01		CONTAINER CAPACITY (LBS., GAL., ETC.) (3) 55 gal.			
CHEMICAL NAME OR TRADE NAME (PRINT OR TYPE) Chloroform				DOT ID NUMBER 88		DOT HAZARD CLASS ORM A		CAS NUMBER			
PHYSICAL STATE STORED <input type="checkbox"/> 1 Solid <input checked="" type="checkbox"/> 2 Liquid <input type="checkbox"/> 3 Gas		PHYSICAL STATE RELEASED None <input type="checkbox"/> 1 Solid <input type="checkbox"/> 2 Liquid <input type="checkbox"/> 3 Gas		QUANTITY RELEASED (LBS., GAL., ETC.)		ENVIRONMENTAL CONTAMINATION <input type="checkbox"/> 1 Air <input type="checkbox"/> 2 Water <input type="checkbox"/> 3 Ground <input type="checkbox"/> 9 Other		EXTENT OF RELEASE (CODES ON REVERSE) 8			
CONTAINER DESCRIPTION <input type="checkbox"/> 1 Fixed <input type="checkbox"/> 2 Portable <input type="checkbox"/> 3 Mobile		CONTAINER TYPE (CODES ON REVERSE) <input type="checkbox"/> 1 Insulated <input type="checkbox"/> 2 Pressurized <input type="checkbox"/> 3 Armored		LEVEL OF CONTAINER (CODES ON REVERSE)		CONTAINER MATERIAL (CODES ON REVERSE)		CONTAINER CAPACITY (LBS., GAL., ETC.)			
H MORE THAN TWO SUBSTANCES INVOLVED (LIST ADDITIONAL INFORMATION ON CHP 350) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
I SPECIAL STUDIES—LOCAL USE 1. A B C D 2. A B C D 3. A B C D					SPECIAL STUDIES—STATE USE 4. A B C D 5. A B C D 6. A B C D						
HAZMAT IDENTIFICATION SOURCES (CHECK BEST DESCRIPTIONS) <input type="checkbox"/> 19 On-site fire services <input type="checkbox"/> 25 Private info source <input type="checkbox"/> 29 Off-site fire services <input type="checkbox"/> 40 On-site non-fire services <input type="checkbox"/> 60 Off-site non-fire services <input type="checkbox"/> 54 Chemist <input type="checkbox"/> 58 Tax center <input type="checkbox"/> 59 Chemical <input type="checkbox"/> 71 DOT manual <input type="checkbox"/> 73 MSDS <input checked="" type="checkbox"/> 75 Placards/signs <input type="checkbox"/> 78 Shipping papers <input type="checkbox"/> 87 Computer software <input type="checkbox"/> 98 No reference material used <input type="checkbox"/> 99 Other						HAZMAT CASUALTIES NO. OF DEGRU EXPOSED NO. OF INJURES NO. FATALITIES Responding agency personnel: 0 0 0 Others: 0 0 0					
K VEHICLE MAKE/YEAR		VEHICLE LICENSE NO.		STATE		VEHICLE I.D. NO. (VIN)		CARGO/PLAC/DOC NO.		COMPANY NAME	
L REPORTING OFFICER NAME/RANK/ID. NO. (PRINT OR TYPE) J. D. Johnson, Sgt. 19000						DATE 12/30/91		COMMENTS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No			

Destroy previous editions.

ANNEX B

COMPLETED HAZARDOUS MATERIALS INCIDENT REPORT (CHP 407E) FOR A HAZARDOUS WASTE DUMPING INCIDENT

CODES			
D. PROPERTY USE AND SURROUNDING AREA TYPE		G. EXTENT OF RELEASE	
100 Public assembly	762 Hazardous chem mtg	950 Railroad	1 Confined to vehicle/equipment
300 Educational	767 Petroleum refinery	961 Freeway	2 Confined to room of origin
300 Health care	800 Storage	962 County/City road	3 Confined to floor of origin
400 Residential	931 Open land	963 Private road	4 Confined to structure of origin
500 Mercantile, Business	936 Vacant lot	965 Rest stop/highway point	5 Confined to property use of origin
600 Industrial, Utility	941 Open sea	966 Scale/inspection facility	7 Release beyond property use of origin
650 Agricultural	942 Harbor/Port	099 Other (explain in Comments)	8 NO RELEASE
700 Manufacturing	946 Lake/Pond/River		9 Other (explain in Comments section)
			0 Undetermined
G. CONTAINER TYPE		LEVEL OF CONTAINER	G. CONTAINER MATERIAL
11 Drum	24 Machinery or process equipment	11 Ground level	1 Iron and iron alloys
12 Cylinder	31 Summ/Pit	30 Above ground	2 Aluminum and aluminum alloys
13 Can or bottle	32 Pond or surface impoundment	40 Below ground	3 Copper and copper alloys
14 Carboy	33 Well		4 Plastic (includes fiberglass), rigid
15 Box or carton	41 Vehicular fuel tank		5 Plastic, flexible
16 Bag	98 NO CONTAINER		6 Wood, paper, and cellulose products
21 Tank or silo (including vehicle cargo tanks)	99 Other (explain in Comments Section)		7 Glass
22 Pipe	00 Undetermined		9 Other (explain in Comments)
			0 Undetermined
JUDICIAL DISTRICT		BEAT	INCIDENT NUMBER
Border		40	9450
MILEPOST INFORMATION		TIME O.E.R. NOTIFIED	TIME CALTRANS/COUNTY ROADS NOTIFIED
<input type="checkbox"/> Feet of milepost <input type="checkbox"/> At intersection with <input checked="" type="checkbox"/> Cr. .3 Feet/miles S of Co. Rd. 12			
CARRIER'S NAME		PHONE NUMBER (INCLUDE AREA CODE)	
UNK			
ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)			
OWNER'S NAME		LICENSE NUMBER AND STATE	PHONE NUMBER (INCLUDE AREA CODE)
UNK			
ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)			
P	Enter at least one of either the CHP, DOT, PUC, or ICC number.		
	CHP NUMBER		PUC NUMBER
	DOT NUMBER		ICC NUMBER
	US		MC
If applicable, enter cargo tank specification number and/or at least one of the following:			
CARGO TANK SPECIFICATION NUMBER		1. CHP cargo tank registration number (CT...)	
DOT-E		2. DHS Waste Hauler Compliance Sticker number	
MC			
CITATION ISSUED OR COMPLAINT TO BE FILED		OTHER HAZARDOUS MATERIALS VIOLATIONS (NON-CAUSATIVE)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not determined		<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	
PRIMARY CAUSE OF INCIDENT		DID WEATHER CONTRIBUTE TO EITHER CAUSE AND/OR SEVERITY OF INCIDENT?	
<input type="checkbox"/> Violation 34506(b) VC/C.C.R. Section		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Other Code violation: 25169 H & S Illegal Disposal H/W		AFTER ACTION REPORT REQUIRED? (REFER TO C.G. 18079)	
<input type="checkbox"/> Other cause*		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DATE AND TIME SCENE DECLARED SAFE (BY WHOM, NAME, TITLE AND AGENCY)		COLLISION REPORT MADE?	
12/30/91 1500 James White Madera Co. O.E.S.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ROAD CLOSURE		NUMBER	
<input type="checkbox"/> None <input checked="" type="checkbox"/> Full—Hours: 6.4 <input type="checkbox"/> Partial—Hours:		<input checked="" type="checkbox"/> Alternative route—Hours: 6.4	
Complete narrative on CHP 556 ELEMENTS (AS APPLICABLE; IF MORE THAN ONE CARRIER OR MORE THAN THREE COMMODITIES ARE INVOLVED, INCLUDE ADDITIONAL INFORMATION IN NARRATIVE.)			
1. Sequence of events 3. Evacuation details 5. Cleanup actions 7. CHP personnel data—name, rank, I.D. no., function, exposure, hours 2. Road closures 4. Environmental impact 6. Actions of other agencies			
PREPARED BY NAME, RANK AND I.D. NUMBER		DATE	REVIEWER'S NAME, RANK AND I.D. NUMBER
J. D. Johnson, Sgt. 19000		12/30/91	K. Eagle, Lt. 18731
			DATE
			1/3/92

ANNEX B

COMPLETED HAZARDOUS MATERIALS INCIDENT REPORT USING NARRATIVE/SUPPLEMENTAL (CHP 556) FOR HAZARDOUS WASTE DUMPING INCIDENT

STATE OF CALIFORNIA		NARRATIVE/SUPPLEMENTAL		PAGE			
DATE OF INCIDENT / OCCURRENCE	TIME DATE	ACC NUMBER	OFFICER ID	RANGE			
12/30/91	0820	9450	19000				
TYPE	TYPE	TYPE SUPPLEMENTAL IF APPLICABLE					
<input checked="" type="checkbox"/> NARRATIVE	<input type="checkbox"/> COLLISION REPORT	<input type="checkbox"/> BRIDGE	<input type="checkbox"/> RYAL	<input type="checkbox"/> HT & BUS UPDATE			
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> OTHER 407E	<input type="checkbox"/> HAZARDOUS MATERIALS	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> OTHER			
CITY / COUNTY / LEGAL DISTRICT		REPORTING DISTRICT / BEAT		CITY / ON NUMBER			
UNINC / Madera / Borden							
LOCATION / STREET				STATE HIGHWAY RELATED			
Road 36 S/Ave. 12				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
1. SEQUENCE OF EVENTS							
2. While on routine patrol, Madera County Deputy Sheriff M. Diaz, #26, located several metal							
3. and plastic five gallon drums, 20 feet west of Road 36 and three tenths of a mile south of							
4. Avenue 12. I was dispatched to that location at 0815 hours and arrived at the scene at							
5. 0820. Deputy Diaz advised that there were seven sealed drums in the area, with no apparent							
6. leakage. Two were labeled "Ethyl Ether". I notified dispatch at 0825 hours.							
7. ROAD CLOSURES							
8. Road 36 was closed at Avenue 12 and at Avenue 11. Deputy Diaz assisted with the road							
9. closure.							
10. EVACUATION DETAILS							
11. No evacuation was required due to the isolated location. Sergeant J. Johnson, #19000,							
12. arrived at 0845 hours and set up a command post.							
13. ENVIRONMENTAL IMPACT							
14. Mr. Robertson, DFG, determined there was no significant or obvious damage to the							
15. environment.							
16. CLEAN-UP ACTIONS							
17. Mr. White, OES, requested Klean Environment respond to remove the containers. Mr. Ronald							
18. Snow of Klean Environment arrived at 1230 hours, and removed the drums.							
19. ACTIONS OF OTHER AGENCIES							
20. County Road Supervisor Ken Small arrived at 0905 hours. Mr. James White, Madera County							
21. Office of Emergency Services (OES), and C.J. Robertson, #88, California Department of Fish							
22. and Game (DFG), were notified and responded to the scene.							
23. CHP PERSONNEL INVOLVED							
24.	Name	Rank	I.D.	Function	Exposed	Injured	Total Hours
25.	J.D. Johnson	Sgt.	19000	Scene Mgr.	No	No	6.3
26.	A. Soliz	T.O.	20012	Invst. Off.	No	No	6.4
27.	C.T. Gomez	T.O.	20076	Traf. Cont.	No	No	6.0
28.	TOTAL						19.1
29. ADDITIONAL							
30. No commodity related exposures or injuries sustained by non-departmental personnel.							
31. Recommend a copy of this report be forwarded to the Hazardous Materials/Waste Investigator							
32. for review and/or follow-up.							
REPORTED BY	OFFICER ID	DATE	REPORTING OFFICER	DATE	OFFICER ID	DATE	OFFICER ID
J. D. JOHNSON, SGT.	19000	12/20/91	K. Eagel, LT.	#18731	01/03/92		

ANNEX B

COMPLETED HAZARDOUS MATERIALS INCIDENT REPORT (CHP 407E) FOR INCIDENTS OCCURRING OUTSIDE OF CHP JURISDICTION

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL HAZARDOUS MATERIALS INCIDENT REPORT CHP 407E (Rev 3-91) OPI 066 Refer to G.D. 100.79					HAZARDOUS MATERIALS CONFIRMED	
					<input type="checkbox"/> Original <input type="checkbox"/> Change <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
A AGENCY NAME California Highway Patrol		AGENCY I.D. NUMBER 66	AGENCY INCIDENT NUMBER (NCL USED)	AGENCY PHONE NUMBER (916) 327-3310	OES CONTROL NUMBER 054218	
B INCIDENT DATE (MONTH, DAY, YEAR) 07/19/91		TIME NOTIFIED 0540	TIME COMPLETED 0830	DATE COMPLETED (IF DIFFERENT)		
C INCIDENT ADDRESS (LOCATION) First St., 100 ft. W/Broadway		CITY/COMMUNITY Redwood City	COUNTY San Mateo	ZIP CODE 94603		
D WEATHER CHECK (BEST DESCRIPTION) <input type="checkbox"/> 1 Clear <input type="checkbox"/> 2 Rain <input type="checkbox"/> 3 Fog <input type="checkbox"/> 4 Snow <input type="checkbox"/> 5 Hail <input type="checkbox"/> 6 Electrical storm <input type="checkbox"/> 7 Fog <input type="checkbox"/> 8 High wind <input type="checkbox"/> 9 Other <input type="checkbox"/> 0 Unknown EST. TEMPERATURE 72 F						
PROPERTY USE (CODES ON REVERSE) 952		SURROUNDING AREA (CODES ON REVERSE) 400	PROPERTY MANAGEMENT <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> City <input type="checkbox"/> Private <input type="checkbox"/> Unknown			
E RELEASE FACTORS (CHECK BEST DESCRIPTIONS)						
___ 11 Intentional act ___ 12 Suspicious act ___ 30 Failure to control hazard ___ 31 Abandoned ___ 40 Misuse of hazard ___ 50 Mechanical failure ___ 60 Design, construction installation deficiency		___ 70 Operational deficiency ___ 71 Collision/overturn ___ 80 Natural condition ___ 94 Fire/explosion ___ 98 No release ___ 99 Other ___ 00 Undetermined		TYPE OF EQUIPMENT INVOLVED ___ 10 Heating systems ___ 30 Air conditioning ___ 77 Chem processing equipment ___ 78 Waste recovery equipment ___ 96 Hazmat transfer equipment ___ 97 Vehicle fuel system ___ 98 No equipment involved ___ 99 Other ___ 00 Undetermined		MOBILE PROPERTY TYPE ___ 10 Passenger vehicle/road ___ 20 Freight vehicle/road ___ 30 Rail transport vehicle ___ 40 Water transport vessel ___ 50 Air transport vessel ___ 60 Heavy equip. indust/agri ___ 98 No mobile property involved ___ 99 Other ___ 00 Undetermined
F ACTION TAKEN (CHECK ONE OR MORE)						
___ 31 Rescue, remove from harm ___ 32 Evacuation, disentanglement ___ 33 Emergency medical services ___ 35 Search ___ 36 Transport ___ 41 Remove hazard (neutralized)		___ 42 ID/analysis of hazard ___ 43 Evacuation ___ 44 Establish safe area ___ 45 Monitor ___ 46 Decon-person/equip. ___ 47 Decon-area (clean up) ___ 48 Contain/control hazard		___ 61 Crowd control ___ 62 Traffic control ___ 63 Notify other agency ___ 64 Provide public information ___ 71 Investigate ___ 73 Shut down system ___ 82 Secure property		___ 92 Refer to proper authority ___ 97 Hazmat response, material determined to be non hazardous ___ 98 No action taken ___ 99 Other
G CHEMICAL NAME OR TRADE NAME (PRINT OR TYPE) Ethyl Ether						
PHYSICAL STATE STORED ___ 1 Solid ___ 2 Liquid ___ 3 Gas		PHYSICAL STATE RELEASED ___ 1 Solid ___ 2 Liquid ___ 3 Gas		DOT ID NUMBER 1155	DOT HAZARD CLASS 3	CAS NUMBER
CONTAINER DESCRIPTION ___ 1 Fixed ___ 2 Portable ___ 3 Mobile		CONTAINER TYPE (CODES ON REVERSE) UNK		LEVEL OF CONTAINER (CODES ON REVERSE) UNK	CONTAINER MATERIAL (CODES ON REVERSE) UNK	CONTAINER CAPACITY (LBS., GAL., ETC.) UNK
ENVIRONMENTAL CONTAMINATION ___ 1 Air ___ 2 Water ___ 3 Ground ___ 9 Other EXTENT OF RELEASE (CODES ON REVERSE) UNK						
G CHEMICAL NAME OR TRADE NAME (PRINT OR TYPE) Sodium Hypochlorite						
PHYSICAL STATE STORED ___ 1 Solid ___ 2 Liquid ___ 3 Gas		PHYSICAL STATE RELEASED ___ 1 Solid ___ 2 Liquid ___ 3 Gas		DOT ID NUMBER 1791	DOT HAZARD CLASS 8	CAS NUMBER
CONTAINER DESCRIPTION ___ 1 Fixed ___ 2 Portable ___ 3 Mobile		CONTAINER TYPE (CODES ON REVERSE) UNK		LEVEL OF CONTAINER (CODES ON REVERSE) UNK	CONTAINER MATERIAL (CODES ON REVERSE) UNK	CONTAINER CAPACITY (LBS., GAL., ETC.) UNK
ENVIRONMENTAL CONTAMINATION ___ 1 Air ___ 2 Water ___ 3 Ground ___ 9 Other EXTENT OF RELEASE (CODES ON REVERSE) UNK						
H MORE THAN TWO SUBSTANCES INVOLVED (LIST ADDITIONAL INFORMATION ON CHP 556) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
I SPECIAL STUDIES—LOCAL USE				SPECIAL STUDIES—STATE USE		
HAZMAT IDENTIFICATION SOURCES (CHECK BEST DESCRIPTIONS)				HAZMAT CASUALTIES		
___ 19 On-site fire services ___ 25 Private info source ___ 29 On-site fire services ___ 40 On-site non-fire services ___ 60 On-site non-fire services ___ 64 Chemist				___ 58 Tax center ___ 59 Chemtec ___ 71 DDT manual ___ 73 MSDS ___ 75 Placards/signs		
___ 78 Shipping papers ___ 87 Computer software ___ 98 No reference material used ___ 99 Other				Responding agency personnel Others		
				NO. OF DECON/ EXPOSED		NO. OF INJURIES
				1		0
				0		0
				0		0
K VEHICLE MAKE/YEAR				VEHICLE LICENSE NO.	STATE	VEHICLE I.D. NO. (VIN)
L REPORTING OFFICER NAME/RANK/ALD. NO. (PRINT OR TYPE) J. D. Ripper, Sgt., 14601				DATE 7/19/91	COMMENTS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	

Destroy previous editions.

ANNEX B

COMPLETED HAZARDOUS MATERIALS INCIDENT REPORT (CHP 407E) FOR INCIDENTS OCCURRING OUTSIDE OF CHP JURISDICTION

CODES			
D. PROPERTY USE AND SURROUNDING AREA TYPE		G. EXTENT OF RELEASE	
100 Public assembly	762 Hazmat chem mtg	950 Railroad	1 Confined to vehicle/equipment
200 Educational	767 Petroleum refinery	961 Freeway	2 Confined to room of origin
300 Health care	800 Storage	962 County/City road	3 Confined to floor of origin
400 Residential	931 Open land	963 Private road	4 Confined to structure of origin
500 Mercantile, Business	936 Vacant lot	965 Rest stop/visa point	6 Confined to property use of origin
600 Industrial, Utility	941 Open sea	966 Scale/inspection facility	7 Release beyond property use of origin
650 Agricultural	942 Harbor/Port	099 Other (explain in Comments)	8 NO RELEASE
700 Manufacturing	945 Lake/Pond/River		9 Other (explain in Comments section)
			0 Undetermined
C. CONTAINER TYPE		LEVEL OF CONTAINER	G. CONTAINER MATERIAL
11 Drum	24 Machinery or process equipment	11 Ground level	1 Iron and iron alloys
12 Cylinder	31 Sump/Pit	30 Above ground	2 Aluminum and aluminum alloys
13 Can or bottle	32 Pond or surface impoundment	40 Below ground	3 Copper and copper alloys
14 Carboy	33 Well		4 Plastic (includes fiberglass), rigid
15 Box or carton	41 Vehicular fuel tank		5 Plastic, flexible
16 Bag	98 NO CONTAINER		6 Wood, paper, and cellulose products
21 Tank or silo (including vehicle cargo tanks)	99 Other (explain in Comments Section)		7 Glass
22 Pipe	00 Undetermined		9 Other (explain in Comments)
			0 Undetermined
JUDICIAL DISTRICT		BEAT	NCIC NUMBER
N/A		901	9330
MILEPOST INFORMATION		TIME C.E.S. NOTIFIED	TIME CALTRANS/COUNTY ROADS NOTIFIED
<input type="checkbox"/> Feet of milepost <input checked="" type="checkbox"/> At intersection with <input checked="" type="checkbox"/> Or: 100 Feet/miles W of Broadway		0550	N/A
CARRIER'S NAME		PHONE NUMBER (INCLUDE AREA CODE)	
UNK			
ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)			
DRIVER'S NAME		LICENSE NUMBER AND STATE	PHONE NUMBER (INCLUDE AREA CODE)
UNK			
ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)			
P	CHP NUMBER		PUC NUMBER
	CA		T
	DOT NUMBER		ICC NUMBER
	US		MC
Enter at least one of either the CHP, DOT, PUC, or ICC number.			
If applicable, enter cargo tank specification number and/or at least one of the following:			
CARGO TANK SPECIFICATION NUMBER		1. CHP cargo tank registration number (CT...)	
DOT-E		2. DHS Waste Hauler Compliance Sticker number	
MC			
CITATION ISSUED OR COMPLAINT TO BE FILED		OTHER HAZARDOUS MATERIALS VIOLATIONS (NON-CAUSATIVE)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not determined		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PRIMARY CAUSE OF INCIDENT		DO WEATHER CONTRIBUTE TO EITHER CAUSE AND/OR SEVERITY OF INCIDENT?	
<input type="checkbox"/> Violation 34506(b) VC/C.C.R. Section		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Other Code violation		AFTER ACTION REPORT REQUIRED? (REFER TO G.L. 102.7)	
<input type="checkbox"/> Other cause*		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DATE AND TIME SCENE DECLARED SAFE (BY WHOM (NAME, TITLE AND AGENCY))		COLLISION REPORT MADE? NUMBER	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
S			
ROAD CLOSURE			
<input type="checkbox"/> None <input checked="" type="checkbox"/> Full—Hours: 2 <input type="checkbox"/> Partial—Hours: <input type="checkbox"/> Alternative route—Hours:			
Complete narrative on CHP 556 ELEMENTS (AS APPLICABLE): IF MORE THAN ONE CARRIER OR MORE THAN THREE COMMODITIES ARE INVOLVED, INCLUDE ADDITIONAL INFORMATION IN NARRATIVE)			
T			
1. Sequence of events		3. Evacuation details	
2. Road closures		4. Environmental impact	
5. Cleanup actions		6. Actions of other agencies	
7. CHP personnel data—name, rank, I.D. no., function, exposure, hours			
PREPARED BY NAME, RANK AND I.D. NUMBER	DATE	REVIEWER'S NAME, RANK AND I.D. NUMBER	DATE
J. D. RIPPER, SGT. 14601	7/19/91	G. E. MASTER, CAPT. 1092	7/20/91

ANNEX B

COMPLETED HAZARDOUS MATERIALS INCIDENT REPORT USING NARRATIVE/SUPPLEMENTAL (CHP 556) FOR INCIDENTS OCCURRING OUTSIDE OF CHP JURISDICTION

STATE OF CALIFORNIA NARRATIVE/SUPPLEMENTAL															
DATE OF INCIDENT / OCCURRENCE	INCIDENT NUMBER	REG. NUMBER	OFFICER I.D.	NUMBER	PAGE										
07/19/91	Incident 0540	9330	14601												
<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;"><input checked="" type="checkbox"/> NARRATIVE</td> <td style="width: 25%;"><input type="checkbox"/> COLLISION REPORT</td> <td style="width: 25%;"><input type="checkbox"/> BAUFGATE</td> <td style="width: 25%;"><input type="checkbox"/> FATAL</td> <td style="width: 20%;"><input type="checkbox"/> HIT & RUN UPDATE</td> </tr> <tr> <td><input type="checkbox"/> SUPPLEMENTAL</td> <td><input checked="" type="checkbox"/> OTHER 407E</td> <td><input type="checkbox"/> HAZARDOUS MATERIALS</td> <td><input type="checkbox"/> SCHOOL BUS</td> <td><input type="checkbox"/> OTHER</td> </tr> </table>						<input checked="" type="checkbox"/> NARRATIVE	<input type="checkbox"/> COLLISION REPORT	<input type="checkbox"/> BAUFGATE	<input type="checkbox"/> FATAL	<input type="checkbox"/> HIT & RUN UPDATE	<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> OTHER 407E	<input type="checkbox"/> HAZARDOUS MATERIALS	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> OTHER
<input checked="" type="checkbox"/> NARRATIVE	<input type="checkbox"/> COLLISION REPORT	<input type="checkbox"/> BAUFGATE	<input type="checkbox"/> FATAL	<input type="checkbox"/> HIT & RUN UPDATE											
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> OTHER 407E	<input type="checkbox"/> HAZARDOUS MATERIALS	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> OTHER											
CITY / COUNTY / JUDICIAL DISTRICT			REPORTING OFFICER / RELAT	CITATION NUMBER											
Redwood City / San Mateo			901												
LOCAL DISTRICT SUBJECT					STATE HIGHWAY RELATED										
First St. W/Broadway					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
1. SEQUENCE OF EVENTS															
2. At 0540 this date Redwood City P.D. received an anonymous report of a possible drug lab															
3. operating in the 1400 block of First St. in the city of Redwood City. CHP assistance															
4. was requested at 0615 (for traffic control and perimeter security). One Sergeant and three															
5. Traffic Officers were assigned and arrived at 0630. The scene was secured without incident															
6. at 0830. There was no involvement other than traffic control. Redwood City P.D.															
7. handled all other facets of the incident.															
8. ROAD CLOSURES															
9. First St., Broadway, and Greenhills Way were closed from 0630 until 0830.															
10. EVACUATION DETAILS															
11. None															
12. CHP PERSONNEL INVOLVED															
13.	Name	Rank	I.D.	Function	Exposed Injured Total Hours										
14.	J.D. Ripper	Sgt.	14601	Supv. Traffic Control	Yes No 2.0										
15.	F.A. Eddy	T.O.	17324	Traffic Control	No No 2.0										
16.	D.B. Cooper	T.O.	12367	Traffic Control	No No 2.0										
17.	B.T. Bailey	T.O.	12345	Traffic Control	No No 2.0										
18.	TOTAL				8.0										
19. Sgt. Ripper was momentarily exposed to fumes while conferring with Redwood City P.D. at															
20. the command post. She experienced temporary throat and eye irritation but declined															
21. medical examination or treatment.															
22.															
23.															
24.															
25.															
26.															
27.															
28.															
29.															
30.															
31.															
32.															
REPORTING OFFICER		I.D. NUMBER	DATE OF REPORT	REVIEWER	DATE OF REVIEW										
J. D. RIPPER, SGT.		14601	07/19/91	G. E. MASTER, CAPT.	07/20/91										

CHP 556 (Rev. 7-87) OPI 042

ANNEX B

COMPLETED HAZARDOUS MATERIALS INCIDENT REPORT (CHP 407E) FOR AN INCIDENT LATER DETERMINED TO BE NON-HAZARDOUS IN NATURE

CODES			
D. PROPERTY USE AND SURROUNDING AREA TYPE		G. EXTENT OF RELEASE	
100 Public assembly	762 Hazmat chem mtg	950 Railroad	1 Contained to vehicle/equipment
200 Educational	767 Petroleum refinery	961 Freeway	2 Contained to room of origin
300 Health care	800 Storage	962 County/City road	3 Contained to floor of origin
400 Residential	931 Open land	963 Private road	4 Contained to structure of origin
500 Mercantile, Business	936 Vacant lot	965 Rest stop/vista point	6 Contained to property use of origin
600 Industrial, Utility	941 Open sea	966 Scale/inspection facility	7 Release beyond property use of origin
650 Agricultural	942 Harbor/Port	099 Other (explain in Comments)	8 NO RELEASE
700 Manufacturing	945 Lake/Pond/River		9 Other (explain in Comments section)
			0 Undetermined
G. CONTAINER TYPE		LEVEL OF CONTAINER	G. CONTAINER MATERIAL
11 Drum	24 Machinery or process equipment	11 Ground level	1 Iron and iron alloys
12 Cylinder	31 Sump/Pit	30 Above ground	2 Aluminum and aluminum alloys
13 Can or bottle	32 Pond or surface impoundment	40 Below ground	3 Copper and copper alloys
14 Carboy	33 Well		4 Plastic (includes fiberglass), rigid
15 Box or carton	41 Vehicular fuel tank		5 Plastic, flexible
16 Bag	98 NO CONTAINER		6 Wood, paper, and cellulose products
21 Tank or silo (including vehicle cargo tanks)	99 Other (explain in Comments Section)		7 Glass
22 Pipe	00 Undetermined		9 Other (explain in Comments)
			0 Undetermined
JUDICIAL DISTRICT		BEAT	MCIC NUMBER
Harbor		504	9675
MILEPOST INFORMATION		TIME G.E.S. NOTIFIED	TIME CALTRANS/COUNTY ROADS NOTIFIED
<input checked="" type="checkbox"/> 14 Feet S of milepost 50Ra23, 94		1110	1113
<input type="checkbox"/> At intersection with			
<input checked="" type="checkbox"/> Or 14 Feet/miles S of Sand Canyon Rd.			
CARRIERS NAME		PHONE NUMBER (INCLUDE AREA CODE)	
Unk			
ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)			
Unk			
DRIVER'S NAME		LICENSE NUMBER AND STATE	PHONE NUMBER (INCLUDE AREA CODE)
ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)			
P Enter at least one of either the CHP, DOT, PUC, or ICC number.		CHP NUMBER	
		CA	T
		DOT NUMBER	
		US	MC
Q If applicable, enter cargo tank specification number and/or at least one of the following:			
CARGO TANK SPECIFICATION NUMBER			
DOT-E		1. CHP cargo tank registration number (CT...)	
MC		2. DHS Waste Hauler Compliance Sticker number	
R CITATION ISSUED OR COMPLAINT TO BE FILED		OTHER HAZARDOUS MATERIALS VIOLATIONS (NON-CAUSATIVE)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not determined		<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	
PRIMARY CAUSE OF INCIDENT		DID WEATHER CONTRIBUTE TO EITHER CAUSE AND/OR SEVERITY OF INCIDENT?	
<input type="checkbox"/> Violation 34506(b) VC/C.C.R. Section		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Other Code violation 23112(a) VC Spilling load		AFTER ACTION REPORT REQUIRED? (REFER TO G.O. 101.79)	
<input type="checkbox"/> Other cause*		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
S DATE AND TIME SCENE DECLARED SAFE BY WHOM (NAME, TITLE AND AGENCY)		COLLISION REPORT MADE? NUMBER	
5/3/90 1238 B. Sharp, Supervisor, CalTrans		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ROAD CLOSURE			
<input type="checkbox"/> None <input type="checkbox"/> Full—Hours: <input checked="" type="checkbox"/> Partial—Hours: 1.5 <input type="checkbox"/> Alternative route—Hours:			
T Complete narrative on CHP 555			
ELEMENTS (AS APPLICABLE); IF MORE THAN ONE CARRIER OR MORE THAN THREE COMMODITIES ARE INVOLVED, INCLUDE ADDITIONAL INFORMATION IN NARRATIVE:			
1. Sequence of events		3. Evacuation details	
2. Road closures		4. Environmental impact	
5. Cleanup actions		6. Actions of other agencies	
7. CHP personnel data—name, rank, I.D. no., function, exposure, hours			
PREPARED BY NAME, RANK, AND I.D. NUMBER	DATE	REVIEWER'S NAME, RANK, AND I.D. NUMBER	DATE
K. Brown, T.O. 19002	5/3/90	J. Kay, Lt. 2463	5/5/90

ANNEX B

COMPLETED HAZARDOUS MATERIALS INCIDENT REPORT (CHP 407E) FOR AN INCIDENT LATER DETERMINED TO BE NON-HAZARDOUS IN NATURE

CODES			
D. PROPERTY USE AND SURROUNDING AREA TYPE			
100 Public assembly	752 Hazmat chem mtg	950 Railroad	
200 Educational	757 Petroleum refinery	951 Freeway	
300 Health care	800 Storage	952 County/City road	
400 Residential	831 Open land	953 Private road	
500 Mercantile, Business	935 Vacant lot	955 Rest stop/vista point	
600 Industrial, Utility	941 Open sea	956 Scale/inspection facility	
650 Agricultural	942 Harbor/Port	099 Other (explain in Comments)	
700 Manufacturing	945 Lake/Pond/River		
G. EXTENT OF RELEASE			
1 Confined to vehicle/equipment			
2 Confined to room of origin			
3 Confined to floor of origin			
4 Confined to structure of origin			
6 Confined to property use of origin			
7 Release beyond property use of origin			
8 NO RELEASE			
9 Other (explain in Comments section)			
0 Undetermined			
G. CONTAINER TYPE		LEVEL OF CONTAINER	G. CONTAINER MATERIAL
11 Drum	24 Machinery or process equipment	11 Ground level	1 Iron and iron alloys
12 Cylinder	31 Sump/Pit	30 Above ground	2 Aluminum and aluminum alloys
13 Can or bottle	32 Pond or surface impoundment	40 Below ground	3 Copper and copper alloys
14 Carboy	33 Well		4 Plastic (includes fiberglass), rigid
15 Box or carton	41 Vehicular fuel tank		5 Plastic, flexible
16 Bag	98 NO CONTAINER		6 Wood, paper, and cellulose products
21 Tank or silo (including vehicle cargo tanks)	99 Other (explain in Comments Section)		7 Glass
22 Pipe	00 Undetermined		9 Other (explain in Comments)
			0 Undetermined
JUDICIAL DISTRICT		BEAT	INCIDENT NUMBER
Harbor		504	9675
PLACARDS REQUIRED		PHOTOGRAPHS	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
MILEPOST INFORMATION		TIME O.E.S. NOTIFIED	TIME CALTRANS/COUNTY ROADS NOTIFIED
<input checked="" type="checkbox"/> 14 Feet S of milepost 50Ra23.94		1110	1113
<input type="checkbox"/> At intersection with			
<input checked="" type="checkbox"/> Or: 14 Feet/miles S of Sand Canyon Rd.			
CARRIERS NAME		PHONE NUMBER (INCLUDE AREA CODE)	
Unk			
ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)			
Unk			
DRIVERS NAME		LICENSE NUMBER AND STATE	PHONE NUMBER (INCLUDE AREA CODE)
ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)			
P	CHP NUMBER		PUC NUMBER
	CA		T
	DOT NUMBER		ICC NUMBER
	US		MC
If applicable, enter cargo tank specification number and/or at least one of the following:			
CARGO TANK SPECIFICATION NUMBER			
1. CHP cargo tank registration number (CT...)			
DOT-E			
MC			
2. DHS Waste Handler Compliance Sticker number			
CITATION ISSUED OR COMPLAINT TO BE FILED		OTHER HAZARDOUS MATERIALS VIOLATIONS (NON-CAUSATIVE)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not determined		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PRIMARY CAUSE OF INCIDENT		DID WEATHER CONTRIBUTE TO EITHER CAUSE AND/OR SEVERITY OF INCIDENT?	
<input type="checkbox"/> Violation 34506(b) VC/G.C.R. Section		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Other Code violation 23112(a) VC Spilling load		AFTER ACTION REPORT REQUIRED? (REFER TO G.O. 100.79)	
<input type="checkbox"/> Other cause*		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		COLLISION REPORT MADE?	NUMBER
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DATE AND TIME SCENE DECLARED SAFE BY WHOM (NAME, TITLE AND AGENCY)			
5/3/90 1238 B. Sharp, Supervisor, CalTrans			
ROAD CLOSURE			
<input type="checkbox"/> None <input type="checkbox"/> Full—Hours: <input checked="" type="checkbox"/> Partial—Hours: 1.5 <input type="checkbox"/> Alternative route—Hours:			
Complete narrative on CHP 556			
ELEMENTS (AS APPLICABLE): IF MORE THAN ONE CARRIER OR MORE THAN THREE COMMODITIES ARE INVOLVED, INCLUDE ADDITIONAL INFORMATION BY NARRATIVE)			
1. Sequence of events	3. Evacuation details	5. Cleanup actions	7. CHP personnel data—name, rank, I.D. no., function, exposure, hours
2. Road closures	4. Environmental impact	6. Actions of other agencies	
PREPARED BY NAME, RANK, AND I.D. NUMBER	DATE	REVIEWER'S NAME, RANK, AND I.D. NUMBER	DATE
K. Brown, T.O. 19002	5/3/90	J. Kay, Lt. 2463	5/5/90

ANNEX B

COMPLETED HAZARDOUS MATERIALS INCIDENT REPORT USING NARRATIVE/SUPPLEMENTAL (CHP 556) FOR AN INCIDENT LATER DETERMINED TO BE NON-HAZARDOUS IN NATURE

STATE OF CALIFORNIA NARRATIVE/SUPPLEMENTAL						
DATE OF INCIDENT/OCCURRENCE	INCIDENT	FILE NUMBER	REGISTRATION NUMBER	OFFICER NUMBER	NUMBER	
05/03/91	Incident	1100	9675	19002		
TYPE OF CASE						
<input checked="" type="checkbox"/> NARRATIVE	<input type="checkbox"/> COLLISION REPORT	<input type="checkbox"/> HAZARDOUS MATERIALS				
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> OTHER 407E	<input type="checkbox"/> HAZARDOUS MATERIALS				
CITY/COUNTY/JURISDICTION/DISTRICT						
Irvine/Orange/Harbor						
LOCATION OF INCIDENT						
N/B I-5 Offramp to W/B Sand Canyon Rd.						
SEQUENCE OF EVENTS						
1. A vehicle had traveled from I-5 offramp to W/B Sand Canyon Rd. As it entered the apex of						
2. the curve, a bag with an unidentified white powder fell off the vehicle onto the roadway.						
3. The bag broke open spilling the contents on the Holly St. offramp.						
4. ROAD CLOSURES						
5. The N/B US 101 offramp to W/B Holly St. was closed. The ramp was reopened at 1238 hours.						
6. EVACUATION DETAILS						
7. None						
8. ENVIRONMENTAL IMPACT						
9. None						
10. CLEAN-UP ACTIONS						
11. At 1113 hours, Caltrans, South County Fire, and OES responded to identify the powder. Fire						
12. personnel identified the substance, by the open bag, as exterior stucco (non hazardous).						
13. Caltrans handled the clean-up by sweeping up the powder.						
14. ACTIONS OF OTHER AGENCIES						
15. See entry #5						
16. CHP PERSONNEL INVOLVED						
18. Name	Rank	I.D.	Function	Exposed	Injured	Total Hours
19. Y. Brown	OIC	19002	Scene Mgr.	No	No	1.0
20. A. Bee	T.O.	19801	Traffic Control	No	No	1.3
21. E. Lav	T.O.	20101	Traffic Control	No	No	1.0
22. S. King	T.O.	20401	Traffic Control	No	No	1.1
23. E. Moore	T.O.	18238	Traffic Control	No	No	1.1
24.					TOTAL	5.5
25.						
26.						
27.						
28.						
29.						
30.						
31.						
32.						
PERFORMER NAME	OFFICER NUMBER	DATE OF REPORT	REPORTING OFFICER	DATE OF REVIEW		
K. BROWN, T.O.	19002	05/05/91	J. KAY, LT.	05/05/91		

ANNEX C
SAMPLE TRANSMITTAL LETTER

Dear _____

The enclosed report is submitted pursuant to Health and Safety Code Section 25180.7 (Proposition 65). The report documents information regarding the illegal discharge (or threatened illegal discharge) of hazardous waste, which could cause substantial injury to the public health or safety. The report is submitted on behalf of all designated employees of the Department of California Highway Patrol.

Sincerely,

Enclosure

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ANNEX D

PROPOSITION 65 NOTIFICATION CALIFORNIA HEALTH AND SAFETY CODE

25249.11 Definitions

- (a) "Person" means an individual, trust, firm, joint stock company, corporation, company, partnership, and association.
- (b) "Person in the course of doing business" does not include any person employing fewer than ten employees in his business: any city, county, or district or any department or agency thereof: or the state or any department or agency thereof or the federal government or any department or agency thereof: or any entity in its operation of a public water systems defined in Section 4010.1.
- (c) "Significant amount" means any detectable amount except an amount which would meet the exemption test in subdivision (c) of Section 25249.10 if an individual were exposed to such an amount in drinking water.
- (d) "Source of drinking water" means either a present source of drinking water or water which is identified or designated in a water quality control plan adopted by a regional board as being suitable for domestic or municipal uses.
- (e) "Threaten to violate" means to create a condition in which there is a substantial probability that a violation will occur.
- (f) "Warning" within the meaning of Section 25249.6 need not be provided separately to each exposed individual and may be provided by general methods such as labels on consumer products, inclusion of notices in mailings to water customers, posting of notices, placing of notices in news media, and the like, provided that the warning accomplished is clear and reasonable. In order to minimize the burden on retail sellers of consumer products including foods, regulations implementing Section 25249.6 shall to the extent practicable place the obligation to provide any warning materials such as labels on the producer or packager rather than on the retail seller, except where the retail seller itself is responsible for introducing a chemical known to the state to cause cancer or reproductive toxicity into the consumer product in question.

25180.7 (Unnamed)

- (a) Within the meaning of this section, a "designated government employee" is any person defined as a "designated employee" by Government Code Section 82017, as amended.
- (b) Any designated government employee who obtains information in the course of his official duties revealing the illegal discharge or threatened illegal discharge of a hazardous waste within the geographical area of his jurisdiction and who knows that such discharge or threatened discharge is likely to cause substantial injury to the public health or safety must, within seventy-two hours, disclose such information to the local Board of Supervisors and to the local health officer. No disclosure of information is required under this subdivision when otherwise prohibited by law, or when law enforcement personnel have determined that such disclosure would adversely affect an ongoing criminal investigation, or when the information is already general public knowledge within the locality affected by the discharge or threatened discharge.
- (c) Any designated government employee who knowingly and intentionally fails to disclose information required to be disclosed under subdivision (b) shall, upon conviction, be punished by imprisonment in the county jail for not more than one year or by imprisonment in state prison for not more than three years. The court may also impose upon the person a fine of not less than five thousand dollars (\$5,000) or more than twenty-five thousand dollars (\$25,000). The felony conviction for violation of this section shall require forfeiture of government employment within thirty days of conviction.
- (d) Any local health officer who receives information pursuant to subdivision (b) shall take appropriate action to notify local news media and shall make such information available to the public without delay.

ANNEX E

MINIMUM CONSIDERATIONS FOR INCIDENT ACTION PLANS AND SITE SAFETY PLANS

Incident Action Plan

The Incident Action Plan (IAP) identifies the specific problem and the available resources, and then makes the best use of resources to minimize the problem and overall impacts to life, environment and property. The following are the minimum considerations for an IAP per 8 CCR 5192 (q)(2):

- (A) Pre-emergency planning and coordinating with outside parties.
- (B) Personnel roles, lines of authority, training and communications.
- (C) Emergency recognition and prevention.
- (D) Safe distance and place of refuge.
- (E) Site security and control.
- (F) Evacuation routes and procedures.
- (G) Decontamination.
- (H) Emergency medical treatment and first aid.
- (I) Emergency alerting and response procedures.
- (J) Critique of response and follow-up.
- (K) Personal protective equipment (PPE) and emergency equipment.
- (L) Inclusion of local or state plans are allowed to reduce duplication. SARA Title III excerpts may also be included if they meet the specific requirements of the incident.

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ANNEX F
MINIMUM IAP/SSP

By completing the following page, the IC will address the minimum requirements of an IAP and SSP. In most small or non-complex events, these requirements will be met by the use of this annex.

For large or complex events refer to Annex G.

It is the responsibility of the IC to determine the scope of the IAP and SSP. Plans set forth in this annex shall be expanded as necessary. Copies of any SSP or IAP related documents prepared by other agencies or private industry shall be included.

ANNEX F

MINIMUM IAP/SSP

INCIDENT ACTION PLAN (IAP)

GENERAL INFORMATION

- _ Clearly Identify the Incident Commander and the Safety Officer
- __ Incident Commander: _____
- _ Safety Officer: _____
- _ Protect Lives, Environment and Property
- _ Comply with CFR 29, 1910.120(q) and CCR 8, 5192(q)

SITE SAFETY PLAN

GENERAL INFORMATION

- _ Safety of persons is the highest priority
- __ **ALL** personnel will be briefed on operations and safety **BEFORE** work begins
- _ No person will exceed their level of training, capabilities or resources.
- _ PRODUCTS INVOLVED:

- _ Medical signs of exposure:

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____
- f) _____

____ ZONES

- _ HOT (Exclusion) Zone
- _ WARM (Contamination Reduction) Zone
- _ COLD (Support) Zone

- _ Other specific plans as developed e.g.:
 - Decontamination Plan
 - Evacuation Plan
 - Demobilization Plan

- _ Use a CHP 556 to draw a diagram of the scene and attach to this plan.

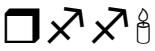
ANNEX F


MINIMUM IAP/SSP

SITE SAFETY PLAN INSTRUCTIONS

General Instructions

1. Complete all sections of the plan, entering information on the lines provided. Place a check in the box [] provided when applicable.

2. Key safety points are indicated with the following symbol: 

3. Items requiring additional documentation are indicated with the following symbol: 

Additional documentation required includes a Hazardous Materials Data Sheet, a site map (ICS Form 201), a Medical Monitoring Form, and a Site Safety Plan Amendment (as needed).

4. Review contents of the Plan at the Safety Briefing.
5. Submit copies of the completed Plan to the Command Post for dissemination to responding resources.

Section Instructions



The Site Safety Plan should be self-explanatory. The following instructions are provided for further clarification.









Section	Instructions
Site Information	Provide information about the site and prevailing weather conditions. Indicate how Control Zones are identified (e.g. barrier tape, traffic cones, chain link fence surrounding property). Attach a copy of the ICS Form 201 with a site map.
Organization	Enter the names of personnel assigned to each position.
Hazard Evaluation	Complete and attach a Hazardous Materials Data Sheet. (This is required for risk assessment and Hazard Communication to the workers.) Enter the information from the Hazardous Materials Data Sheet in this section.
Mitigation Actions	Enter the actions taken to mitigate the existing hazards. (Incident Objectives are identified on ICS Form 202.)
Safety	Identify general hazards and the appropriate safety precautions.
Monitoring	Identify the specific instruments to be used. Identify the monitoring frequency if monitoring will not be continuous.

Protective Clothing	Enter the level of suit, the suit type and the glove type recommended from the Hazardous Materials Data Sheet.
Decontamination	Enter the information from the Site Map and the Hazardous Materials Data Sheet. Indicate whether standard decontamination layout is used, or identify the alternate decon setup and procedure.

Communications	Indicate the radio frequencies assigned.
Health	Pre-Entry and Post-Entry Vitals shall be taken on all Entry and Decon Personnel by a qualified individual. This information is to be entered on a Medical Monitoring Form which shall be attached to the Site Safety Plan. Health Hazards and appropriate treatment information shall be entered on the attached Hazardous Materials Data Sheet.
Emergency Procedures	Complete the remaining portions of the Emergency Procedures section.
Training	Deviation from the training requirements should be documented on the ICS Form 214 by the Unit Leader in charge and the Assistant Safety Officer / Hazmat. The Entry Team shall be briefed on facility specific information by a facility representative. Place a check in the box [] to indicate that the personnel on site have the appropriate training. Use the line provided for special requirements or modifications if necessary.
Plan Review	All Entry, Backup and Decon personnel must be briefed on the plan prior to entry. The plan shall be available for review by all personnel. The Assistant Safety Officer shall prepare the plan. The Haz Mat Group Supervisor shall review the plan.
Site Safety Plan Amendment	
Check Amended Sections	Indicate which sections have been amended.
Items	Provide details on amendments made to the original plan.
Plan Review	The Assistant Safety Officer shall prepare the plan. The Haz Mat Group Supervisor shall review the plan. The plan shall be available for review by all personnel.

ANNEX F
MINIMUM IAP/SSP
Site Safety Plan

Incident Name:	Incident #:	Date:
Site Information		
Incident Location:		
Safe Access Route to the Site:		
Command Post Location:		
Control Zones are indicated on the ICS 201 Site Map and identified by:		
Exclusion Line:		
Contamination Control Line:		
Support Line:		
Weather Conditions:		
Wind Direction:	Speed:	Temp/Time:
Forecast:		
	ICS Form 201 - Site Map shall be completed and attached.	
Organization		
Incident Commander:		
HM Group Supervisor:	Safety Officer:	
HM Tech. Reference:	Asst. Safety / Hazmat:	
Safe Refuge Area Mgr.:	Site Access Control:	
Entry Leader:		Decon Leader:
Entry	Back-Up	Decon
Entry	Back-Up	Decon
Entry	Back-Up	Decon
Entry	Back-Up	Decon
Hazard Evaluation		
Chemical Name(s):		
Hazards:		
	Hazardous Material Data Sheet(s) shall be completed and attached.	
Mitigation Actions		

Safety	
	Personnel shall not enter the Exclusion Zone without proper protective equipment and authorization from the Entry Leader.
General Hazards and Safety Precautions:	
	Lighting shall be provided, in accordance with OSHA regulations, to maintain a safe working environment. (The specifications are listed in 29 CFR 1910.120, table H-120.1.)
Monitoring	
LEL instrument(s):	[] continuous, or:
O2 instrument(s):	[] continuous, or:
Toxicity /PPM instrument(s):	[] continuous, or:
Radiological instrument(s): [] alpha [] beta [] gamma	[] continuous, or:
Ground Water Monitoring: [] Yes [] No	Comments:
	Proper protective precautions shall be employed for personnel working where sound levels exceed limits. (The specifications are listed in 29 CFR 1910.95.)
Protective Clothing	
Entry:	
Backup:	
Decon:	
	Recommended guidelines shall be followed for personnel in chemical protective clothing.
Decontamination	
Decon Corridor Location:	
Standard Department Decontamination Layout utilized: [] YES [] NO	
The modified layout and procedure will consist of:	
Decon solution for Personnel:	
Decon solution for Equipment:	
	Decon Procedures shall be followed for personnel and equipment exiting the Exclusion Zone.
Communications	
Radio assigned:	Frequencies Command: Tactical (Entry Team):
Additional Communications utilized:	
	Visual contact with the Entry Team shall be maintained at ALL times, or as follows:
	Emergency Hand Signals shall be reviewed with the Entry and Decon teams.
	<u>ONLY</u> the Entry and Backup Team, Decon Leader and Asst. Safety Officer / Hazmat shall utilize the assigned Tactical Channel.

Health		
	Emergency First Aid and transportation will be provided by _____ and the medical facility will be notified of the situation resulting in the injury.	
Medical Unit:		Location:
	Entry and Decon Personnel shall have Pre-Entry and Post-Entry Vitals completed by qualified personnel. This information shall be recorded on a Medical Monitoring Form. The Medical Monitoring Form shall be attached to the Site Safety Plan.	
Poison Control Center Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Toxicology, signs and symptoms, and exposure treatment information is contained within the attached Hazardous Materials Data Sheet. This information shall be:	
	<ul style="list-style-type: none"> - provided prior to work activities for known involved materials - provided following testing of unknown materials - reviewed at the Post Incident Debriefing - available upon request 	
Hygiene and rest room facilities are located at:		
Emergency Procedures		
	Citizens within the Exclusion Zone shall be directed to the Safe Refuge Area to await assessment and instructions for appropriate protective actions. The Safe Refuge Area is located at: _____	
	Equipment Failure: In the event of equipment failure that effects the safety of the personnel working in the Exclusion Zone, Entry personnel shall immediately leave the Exclusion Zone. Re-entry is not permitted until the equipment is repaired or replaced.	
	Rescue: In the event a rescue of the Entry Personnel is required, the Backup Team shall be notified by _____ and receive final instructions.	
	Fire: In the event of a fire or explosion, the Fire Suppression Group will be: _____	
	Escape/Evacuation Alarm: _____	
	Entry Team Escape Route to Safety Zone: _____	
	All support personnel shall evacuate to Safety Zone: _____	
The situation will then be assessed for appropriate corrective actions.		
Training		
All personnel: 1. Have required or equivalent training to perform the task or function assigned. [] Yes [] No 2. Have required or equivalent training to wear and/or operate assigned protective equipment.		
Plan Review		
	All Entry, Backup and Decon personnel have been briefed on the plan prior to entry. The Plan shall be available for review by all personnel. Changes shall NOT be made to this plan without the approval of the Asst. Safety Officer/Hazmat.	
Asst. Safety Officer / Haz Mat, SIGNATURE		Date Time
Haz Mat Group Supervisor, SIGNATURE		Date Time
Documents Required to Complete This Plan		
	Attach required amendment(s) to document changes in this plan	
<input type="checkbox"/> ICS 201 - Site Map <input type="checkbox"/> ICS 202 - Incident Objectives <input type="checkbox"/> Hazardous Materials Data Sheet <input type="checkbox"/> Medical Monitoring form with Pre-Entry and Post-Entry Vitals for Entry and Decon Personnel		

INCIDENT OBJECTIVES CSTI 202		1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. OPERATIONAL PERIOD (DATE/TIME)				
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)				
Priority	Control Objective	ICS Assignment		
	S			
	I			
	N			
	C			
	I			
	A			
	P			
	C			
	P			
	D			
	D			
	D			
6. WEATHER FORECAST FOR OPERATIONAL PERIOD				
7. GENERAL/SAFETY MESSAGE				
8. ATTACHMENTS (✓ IF ATTACHED)				
<input type="checkbox"/> ORGANIZATION LIST (ICS 203)		<input type="checkbox"/> MEDICAL PLAN (ICS 206)		<input type="checkbox"/> HAZ MAT SITE SAFETY PLAN
<input type="checkbox"/> DIVISION ASSIGNMENT LISTS (ICS 204)		<input type="checkbox"/> INCIDENT MAP		<input type="checkbox"/> _____
<input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)		<input type="checkbox"/> TRAFFIC PLAN		<input type="checkbox"/> _____
202	CSTI	9. PREPARED BY (PLANNING CHIEF)		10. APPROVED BY INCIDENT COMMANDER

INCIDENT BRIEFING	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. MAP SKETCH			
201 ICS 3-82	PAGE 1	8. PREPARED BY (NAME AND POSITION)	

INCIDENT OBJECTIVES ICS 202		1. INCIDENT NAME PENCA COMMAND	2. DATE PREPARED 1/1/93	3. TIME PREPARED 1600
4. OPERATIONAL PERIOD (DATE/TIME) - 2 to 6 Hours				
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)				
Priority	Control Objective	ICS	Assignment	
#1	S Ensure overall incident safety, incl. all responders		Safety O	
	I Continue Isolation Perimeter of 10 Square blocks & Deny Access Establish Control Zones at appropriate distances		Security G Haz Mat Gp	
	N Make mandatory notifications & request key Agency Reps at JCP Keep Media & Public Informed of Incident Status		Aide Info Office	
	C Maintain Unified Command at Joint CP at City rec Center		Command	
	I Collect IDHA Intelligence at Planning Section		Planning C	
	A Follow Incident Action & Site Safety Plan at all times		All Person	
	P Ensure all personnel within Zones have proper Protective Equip.		HMG & SO	
	C Contain runoff from afar and protect for possible fire Control Leak at source as safety allows		Contain Gp Haz Mat C	
	P Begin phased evacuation around accident site, EXCEPT Hospital, which should be Sheltered in Place		Evac Gp SIP Gp	
	D Continue Decon of personnel, equipment, etc. from Hot Zone		Haz Mat Gp	
	D If secure & stable, offload hazardous commodities		SP Rep	
	D Maintain Documentation of incident activities at all times		Aide	
6. WEATHER FORECAST FOR OPERATIONAL PERIOD				
Approximately 1800 Hours, winds expected FROM Southwest TO Northeast 10 mph				
7. GENERAL/SAFETY MESSAGE				
Safety for the Public and Responders is First Priority.				
Follow attached Site Safety Plan at all times				
8. ATTACHMENTS (/ IF ATTACHED)				
<input checked="" type="checkbox"/>	Haz Mat Site Safety Plan	<input type="checkbox"/>	MEDICAL PLAN (ICS 206)	
<input type="checkbox"/>	ORGANIZATION LIST (ICS 203)	<input type="checkbox"/>	INCIDENT MAP	
<input type="checkbox"/>	DIVISION ASSIGNMENT LISTS (ICS 204)	<input type="checkbox"/>	TRAFFIC PLAN	
<input checked="" type="checkbox"/>	COMMUNICATIONS PLAN (ICS 205)	<input type="checkbox"/>		

INCIDENT OBJECTIVES		1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
ICS 202		PENCA (Haz. Mat.)	1/3/93	1600
4. OPERATIONAL PERIOD (DATE/TIME)				
1/4/93 0600 - 1800				
GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)				
1. The health and safety of both responders and the public shall be the highest priority of this incident.				
a. Operations shall be conducted in compliance with the incident's Site Safety Plan and applicable State and Federal law.				
2. All agencies and organizations operating at this incident shall function under this command.				
3. Definitive objectives shall be established for each Haz. Mat. Team entry.				
4. The public shall be evacuated from any potentially hazardous area.				
5. Extensive efforts shall be directed at informing the public and in maintaining liaison with involved and adjacent local government and the medical community.				
6. Environmental mitigation efforts will concentrate on limiting contamination to the immediate derailment site. (1,000').				
6. WEATHER FORECAST FOR OPERATIONAL PERIOD				
Sunny days thru the forecast period with onshore winds 5-10 MPH in the afternoons. Temp. 78°F., Winds SW 5-10, Relative Humidity low 35% - recovering to 90 to 100% at night. Forecast for tonight- low clouds & fog developing late tonight clearing A				
7. GENERAL/SAFETY MESSAGE				
Be on guard for complacency with regard to safety and decontamination. Watch for signs of heat stress and fatigue in workers in protective clothing. Pace your work, remember- we may have a few days more to go.				
8. ATTACHMENTS (✓ IF ATTACHED)				
<input checked="" type="checkbox"/> ORGANIZATION LIST (ICS 203)		<input checked="" type="checkbox"/> MEDICAL PLAN (ICS 206)		<input checked="" type="checkbox"/> Haz. Mat. Site Safety Pl
<input type="checkbox"/> DIVISION ASSIGNMENT LISTS (ICS 204)		<input checked="" type="checkbox"/> INCIDENT MAP		<input type="checkbox"/>
<input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)		<input checked="" type="checkbox"/> TRAFFIC PLAN		<input type="checkbox"/>
202	ICS 2-80	9. PREPARED BY (PLANNING SECTION CHIEF)		10. APPROVED BY (INCIDENT COMMANDER)
		G. MARSHALL		Nappy Niggle

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ANNEX G

SITE SAFETY PLANS

The Site safety Plan (SSP) gives the specific tactics to be applied in the mitigation and clean-up of the incident. The following are the minimum considerations for an SSP under 8 CCR 5192(q)(4).

Elements The site safety and health plan as a minimum shall address the following:

- *Analysis* A safety and health risk or hazard analysis for each site task and operation found in the workplan.
- *Training* Employee assignments are to be only within their level of training and Department policy.
- *PPE* Personal protective equipment (PPE) to be used by employees (CHP or other agency) for each of the site tasks and operations being conducted as required by law [refer 8 CCR 5192(g)(5)].
- *Medical* Medical surveillance requirements for employees engaged in or likely to be engaged in operations in hazardous or suspected hazardous environment as required by law [refer 8 CCR 5192(f)].
- *Monitoring* Frequency and types of air monitoring including, methods of maintenance and calibration, personnel monitoring, and environmental sampling techniques, and the instrumentation to be used.
- *Site Control* Site control measures including a site map, site work zones, buddy system, site communications including emergency communications and a discussion of the site operating procedures as a minimum part of a site control program required by law [refer 8 CCR 5192(d) and 8CCR 5192(c)(4)]
- *Decon* Decontamination procedures as required by law and performed by properly trained personnel [Refer 8 CCR 5192(k)]
- *Emergency* An emergency response plan to be implemented when unsafe or hazardous site situations develop which describes safe and effective response to such emergencies, including the necessary PPE and other equipment [refer 8 CCR 5192(l)].
- *Confined Space* Confined space entry procedures.
- *Spills* A spill containment program for the containerization and removal of hazardous material/waste from the scene as required by law [refer 8 CCR 5192(j)]