

Appendix XII. Chemical Release Reporting Form 304

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CHEMICAL RELEASE REPORTING FORM (Form 304)

Section 1	Facility Name: _____ Division: _____																													
	Facility Address: _____																													
	Name and Phone of Emergency Contact at Facility: _____ Phone: _____																													
	Location of Incident: _____																													
	Address: _____ Date of Incident: _____																													
	Chemical Name (or Trade Name): _____ CAS Number _____																													
Section 2	Physical State Stored: <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas Physical State Released: <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas																													
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Section 3	Other Agencies Notified <input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> RWQCB Fax (858) 571-6972 <input type="checkbox"/> Other _____ <input type="checkbox"/> ESD HazMat (858) 492-5004 <input type="checkbox"/> City Storm Water (619) 235-1000/fax (619)525-8641																													
	Factors Contributing to Release (check all factors involved) <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unusual Weather Conditions <input type="checkbox"/> Operator Error <input type="checkbox"/> Training Deficiencies <input type="checkbox"/> Faulty Process Design <input type="checkbox"/> Accident _____ <input type="checkbox"/> Other _____																													
Section 4	Actions Taken (check all actions taken) <input type="checkbox"/> Containment <input type="checkbox"/> Decontamination of Persons/Equipment <input type="checkbox"/> System Shut Down <input type="checkbox"/> Dilution/Neutralization <input type="checkbox"/> Evacuation <input type="checkbox"/> Monitoring <input type="checkbox"/> Hazard Removal <input type="checkbox"/> Stored for Disposal <input type="checkbox"/> Other _____																													
	Known or Anticipated Health Effects of Release (Refer to MSDS) (a) Acute or Immediate: _____ (b) Chronic or Delayed: _____ (c) Did an employee receive a chemical exposure above the OSHA PEL? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, must make notifications to regulatory agencies in Section 2. (d) Total number of employee and public injuries resulting from release: _____ (e) Total number of people hospitalized resulting from release: _____																													
Section 5	Additional Information about the Release _____ _____ _____ _____																													

I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted information is true, accurate, and complete.

Print Name: _____ Job Title: _____
 Signature: _____ Date: _____

INSTRUCTIONS AND REFERENCE INFORMATION TO COMPLETE FORM 304

Section 1: Complete section with facility/contact information and basic incident information as follows:

List Facility Name, Address and Emergency Contact Information

The Emergency Contact person is the person officially in charge of the facility where the release occurred.

List Name of Location of Incident, Address, and Incident Date

List Chemical Name or Trade Names (common or manufacture's name for the product):

NOTE: If chemical is a mixture, list percentage of chemical in solution (ex. 12% Sodium Hypochlorite)

List Chemical's CAS Number: Refer to MSDS sheet.

Check box for Physical State Stored and Physical State Released

Time of Release: Enter time of the day release was discovered.

Duration of Release: The length of time from the start of the release to when the release was stopped.

Quantity Released: Enter the total amount of chemical released. If the released chemical is a solution, calculate the amount of actual chemical released and note this amount released in pounds in Section 5.

Location Released: Check all boxes that describe where the released chemical reached.

Section 2: Initial Notifications: MAKE REGULATORY NOTIFICATIONS IF CHEMICAL RELEASE INCIDENT MEETS ANY REPORTING CRITERIA BELOW.

REGULATORY REPORTING CRITERIA:

- 1) Fire Dept/HazMat Team assistance is needed due to the amount, location, or type of chemical released.
- 2) Fire Dept assistance is needed to treat an injured person.
- 3) Employee was injured OR experienced a chemical exposure over the CalOSHA PEL.
- 4) Public was injured OR experienced a chemical exposure.
- 5) The chemical release caused damage to the facility or location where the release occurred.
- 6) The chemical was released to the environment (soil, surface water, storm drain, sewer, air).
(Some minor releases of oil or diesel to soil may not be considered "significant" by regulators. Specific parameters must be pre-approved by regulators for exemption from this specific criterion of release to soil.)
- 7) Federal Reporting to NRC is REQUIRED when a reportable quantity of the chemical is released into the environment. Refer to 40CFR, Section 304 for a listing.

Regulatory Agency Notifications

Assistance with Notifications*: When asked, **Station 38**, (619) 527-7660, can assist in contacting regulatory agencies. Provide Station 38 staff with agency phone numbers, location of spill, chemical name, quantity released, and other important information known at the time of the call. Call Station 38 staff after release is cleaned up to obtain date, time, contact name, and incident control number (as applicable) for each agency.

*If you do not request Station 38 assistance, then you are responsible to call the agencies.

Regulatory Notifications should be made without delay - within the first 15 minutes or ASAP after assisting injured and taking any initial actions to control the release.

Other Agencies Notified: Check the box if any other agencies were notified. Report should be submitted to the RWQCB within 24 hours after following Department protocol. Additional RWQCB report may be required within 5 days.

Section 3: Factors Contributing to Release: Check all boxes that describe the why the release occurred.

Actions Taken: Check all boxes that describe the actions taken during the incident.

Section 4: Known or Anticipated Health Effects of Release:

Refer to the chemical MSDS for information on immediate or long term health affects when exposed to the chemical. Check the box if an employee received an exposure above the CALOSHA PEL (PEL listed on MSDS when applicable). Note the number of employees or the public that were injured or required hospitalization.

Section 5: Additional Information about the Release:

Document other pertinent details about the chemical release. If the supervisor in charge determines the release to not meet the Regulatory Reporting Criteria, write down each criterion and note the incident specific details to support that finding.

Signature: Print and sign your name, job title and date.

Required

Copies:

Keep the original form, and make copies for your chain-of-command. If the Emergency Contact is not in your chain-of-command, also send a copy to him/her. If any notifications were made, fax a copy to ESD/HazMat Program – Fax (858) 492-5089 and Storm Water Division- (619)525-8641.

Revised 08/30/06