

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: _____																													
Section 2	Chemical Name (or Trade Name): _____ CAS Number _____																													
	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																													
	<u>Time of Release</u>		<u>Duration of Release</u>		<u>Quantity Released</u>																									
	_____ am/pm		_____ days		_____ pounds																									
	_____ hours		_____ gallons		_____ cu. ft.																									
Section 3																														
Section 4	Initial Notifications																													
	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;"><u>Date</u></th> <th style="text-align: left;"><u>Time</u></th> <th style="text-align: left;"><u>Contact Name</u></th> <th style="text-align: left;"><u>Incident Control #</u></th> </tr> <tr> <td>Cal OES (formerly EMA) (800) 852-7550</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Cnty Dept Enviro Health (858) 505-6657</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Cnty Dept after hours (858) 565-5255</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Fed. NRC (800) 424-8802</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>City Fire Dept. HIRT (619) 533-4380</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>						<u>Date</u>	<u>Time</u>	<u>Contact Name</u>	<u>Incident Control #</u>	Cal OES (formerly EMA) (800) 852-7550	_____	_____	_____	Cnty Dept Enviro Health (858) 505-6657	_____	_____	_____	Cnty Dept after hours (858) 565-5255	_____	_____	_____	Fed. NRC (800) 424-8802	_____	_____	_____	City Fire Dept. HIRT (619) 533-4380	_____	_____	_____
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Other Agencies Notified																														
<input type="checkbox"/> Police <input type="checkbox"/> Regional Water Quality Control Board Fax (858) 571-6972 <input type="checkbox"/> ESD HazMat (858) 492-5004 <input type="checkbox"/> City Storm Water (619) 235-1000 <input type="checkbox"/> US Coast Guard (619) 278-7032 <input type="checkbox"/> Ca. Dept Fish and Game (858) 467-4201 <input type="checkbox"/> Other _____																														
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 5	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: _____																														
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: _____

Refer to back side for form instructions.

INSTRUCTIONS AND REFERENCE INFORMATION TO COMPLETE FORM 304

Section 1
Section 2
Section 3
Section 4
Section 5

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.

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.

Initial Notifications: Make Regulatory Notifications IMMEDIATELY if answer "YES" to any of the following:

1. Is Fire Department assistance needed due to an injury, OR due to the amount, location, or type of chemical released?
2. Has an employee or the public been injured (i.e., sent to a medical provider)?
3. Did the chemical release cause damage to public or private property?
4. Did the chemical release extend into any sewer, surface waters, storm water conveyance systems, utility vaults and conduits, wetlands, waterways, public roads, soil, or off site?
5. Did anyone, other than employees in the immediate area of the release, evacuate?
6. Did a release escape secondary containment?
7. Was there an uncontrolled or un-permitted release to the air from a chemical reaction or containerized gas?
8. Is the incident an imminent threat of release where a condition creating a substantial probability of harm requires immediate action to prevent, reduce, or mitigate damages to persons, property, or the environment?
9. Is the incident an imminent threat of release due to an increased potential for fire, line rupture, equipment failure, or other outcomes that may endanger or cause exposure to employees, the public, or the environment?
10. Does the spill or threatened release involve an unknown material or contain an unknown hazardous constituent?
11. Did the chemical release exceed the federal reportable quantity? (Estimate the total quantity released or amount evaporating.) See list on back side of the Assessment form for reportable quantities for some common chemicals used by staff. For other reportable quantities, refer to the MSDS, *40 Code of Federal Regulations, Section 304*, or website <http://homer.ornl.gov/rq/>

Notification Assistance: When asked, **Station 38 (recently changed to Public Works Dispatch)**, (619) 527-7500 can assist in contacting regulatory agencies. Provide Station 38 staff with agency phone numbers, location of spill, and other important information known at the time of the call. Call Station 38 staff after release is cleaned up to obtain each agency's incident control number (as applicable). If you do not request Station 38 assistance, then you are responsible to call the agencies.

Other Agencies Notified: Check the box if any other agencies were notified.

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.

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.

Additional Information about the Release:

Document other pertinent details about the chemical release. If the supervisor in charge determines the release does not meet the Initial Notification criteria, write the incident specific details for each criterion 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 Environmental Services/HazMat Program – Fax (858) 492-5089.

Revised 070813

CHEMICAL RELEASE REPORTING ASSESSMENT FORM

Directions: Complete this Chemical Release Reporting Assessment to determine if regulatory agencies need to be notified of a chemical release. Use this as documentation of the release whether or not it was reportable.

Employee _____ Date _____ Time _____

Supervisor _____ Phone _____ Division _____

Release Location _____ Date/Time Release Discovered _____

Chemical Released _____ Estimated Amount _____ ☐ Gas ☐ Liquid ☐ Solid

INITIAL ASSESSMENT: If you answer YES to any question below, **IMMEDIATELY** report the chemical release to the specified regulatory agencies without delay.

Local/State Reporting (circle the appropriate response for each question)

1. Yes No Do you need Fire Department assistance due to an injury, OR due to the amount, location, or type of chemical released?
2. Yes No Has an employee or the public been injured (i.e., sent to a medical provider)?
3. Yes No Did the chemical release cause damage to public or private property?
4. Yes No Did the chemical release extend into any sewer, surface waters, storm water conveyance systems, utility vaults and conduits, wetlands, waterways, public roads, soil, or off site?
5. Yes No Did anyone, other than employees in the immediate area of the release, evacuate?
6. Yes No Did a release escape secondary containment?
7. Yes No Was there an uncontrolled or un-permitted release to the air from a chemical reaction or containerized gas?
8. Yes No Is the incident an imminent threat of release where a condition exist which creates a substantial probability of harm and requires immediate action to prevent, reduce, or mitigate damages to persons, property, or the environment?
9. Yes No Is the incident an imminent threat of release due to an increased potential for fire, explosion, line rupture, equipment failure, or other outcomes that may endanger or cause exposure to employees, the public, or the environment?
10. Yes No Does the spill or threatened release involve an unknown material or contain an unknown hazardous constituent?

Federal Reporting

11. Yes No Did the chemical release exceed the federal reportable quantity? (Estimate the total quantity released or amount evaporating.) See list on back side for reportable quantities for some common chemicals used by staff. For other reportable quantities, refer to the MSDS, *40 Code of Federal Regulations, Section 304*, or website <http://homer.ornl.gov/rq/>

REPORTING PROCEDURES: See Reverse Side For Additional Reporting Information

REPORTING PROCEDURES:

A. If you answered YES to ANY question above, the release must be reported to regulatory agencies. Make the following calls without any further delay:

- ☒ Cal Governor's Office of Emergency Services (Formerly Cal EMA) at (800) 852-7550
- ☒ County Department of Environmental Health at (858) 505-6657; after hours at (858) 565-5255 and request DEH Hazmat be notified. Leave a voicemail message if a Duty Clerk is not available.
- ☒ City of San Diego Fire Department, HIRT (619) 533-4380

B. If you answered YES to Questions 4 or 11, you must also contact:

- ☒ Federal National Response Center (NRC) at (800) 424-8802

C. If you answered YES to Question 4 for a release to a storm drain conveyance system, surface waters, wetlands, or waterway, you must also notify (See Chemical Release Report Form for other agencies):

- ☒ Regional Water Quality Control Board, by faxing a completed Chemical Release Reporting Form (Form 304), at (858) 571-6972
- ☒ City of San Diego Storm Water Pollution Prevention Program, by calling (619) 235-1000

D. If you need assistance cleaning up the chemical release, contact the Citywide Hazardous Waste contractor, Ocean Blue at (877) 658-6653 (San Diego office) or (800) 990-9930 (Long Beach office)

The supervisor may contact Station 38 (recently changed to Public Works Dispatch), (619) 527-7500 for assistance in completing the regulatory reporting, however, the supervisor is responsible to ensure the reporting procedures have been followed.

EXAMPLES OF REGULATED CHEMICALS

Below is a general list of regulated substances frequently used by City employees which may require regulatory reporting if released. Complete the Chemical Release Reporting Assessment for any substance released at the work site. This is a sample list only; all flammable and corrosive chemicals could potentially be reportable if released.

Hazardous Material Category	Examples
Fuels	diesel or gasoline
Paints	oil-based, water-based (latex)
Lubricants	motor oil, hydraulic oil, gear oil
Coolants	antifreeze (any type)
Cleaners/Degreasers	restroom cleaning products, graffiti removers, solvents, parts cleaners, asphalt release agents
Gases	welding gases, chemical evaporation, gases in cylinders

REPORTABLE QUANTITY FOR FEDERAL REPORTING

If the chemical release exceeds the amount listed below, then the incident must be reported immediately to the Federal National Response Center (NRC), in addition to notifications to state and local regulatory agencies.

Chemical	Reportable Quantity
Antifreeze (50% solution)	1,040 gallons solution or 5,000 pounds of ethylene glycol
Diesel	11 gallons or 100 pounds
Gasoline	14 gallons or 100 pounds
Paint (only oil-based)	11 gallons or 100 pounds
Flammable Chemicals (refer to signal word on container label or MSDS)	12 gallons
Corrosive Chemicals (refer to signal word on container label or MSDS)	12 gallons

Instructions for Completed Assessment

1. Attach completed Assessment to completed Chemical Release Reporting Form (Form 304).
2. Place a copy of the Assessment and completed Chemical Release Reporting Form (Form 304) in the facility file.
3. If the release was reportable to regulatory agencies; Fax (858-492-5089) or send a copy of the Assessment and Chemical Release Reporting Form (Form 304) to Environmental Services, Hazardous Materials Program, MS 1103-A.