CHARLESTON COUNTY HAZARDOUS MATERIALS OFFICE
HAZARDOUS MATERIALS RELEASE REPORT

Jurisdiction: ___________________________ Name of Reporter: ___________________________

Call Back No.: ___________________________ FAX No.: ___________________________

Date: ___________ Time: ___________ Location: ___________________________

Incident Commander: ___________________________ Phone No: ___________________________

Fire: [ ] Explosion: [ ] Leaking: [ ] Release/Spill: [ ] Vapor Cloud: [ ]

Contamination: People (No.): _____ Environment (area): _____ Injuries: _____ Death: _____

Evacuations/Sheltering (in place or relocated): ___________________________

Areas that may be effected off site: ___________________________

Chemical Involved: ___________________________ UN# __________________ Hazard: __________________

Chemical Involved: ___________________________ UN# __________________ Hazard: __________________

Chemical Involved: ___________________________ UN# __________________ Hazard: __________________

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** FOLLOW-UP  *****************************************************************************

Actions taken by Responsible Party or Jurisdictional Fire Dept: ___________________________

Actual substance involved if different that originally reported:

Chemical Involved: ___________________________ UN# __________________ Hazard: __________________

Other: ___________________________ Hazard: __________________

Release/Spill effected: Air [ ] Ground [ ] Water [ ] Size of area effected: ___________

Responsible Party (Name & Agency): ___________________________

Address: ____________________________________________

Phone No: ___________________________ FAX No: ___________________________

Clean Up Contractor: ___________________________ Phone No: ___________________________

Property Owner: ___________________________ Contact No: ___________________________

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** Agencies Notified: EPD Duty Officer [ ] EMD Director [ ] DHEC [ ] **

State Warning Point: [ ] Other [ ] ___________________________

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Date: ___________ Submitted by: ___________________________

* Attach additional documents as required or needed*

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