

**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: _____

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

Actions taken by Responsible Party or Jurisdictional Fire Dept: _____

Actual substance involved if different than 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: _____

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

State Warning Point: [] Other [] _____

Date: _____ Submitted by: _____

Attach additional documents as required or needed

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