

INDUSTRIAL ACCIDENT REPORT
FOR OFFICIAL USE ONLY – INTERNAL USE ONLY

Date: _____ Time: _____ (24 hour clock) REFERENCE No. _____

Recorded by: _____

Name of Caller: _____ Title: _____

Phone: _____ County _____

Company/Facility: _____

Point of Contact (Name, Title & Phone) _____

Has an Emergency Event/ Incident Occurred: YES _____ NO _____

Does this have a potential impact to the public: YES _____ NO _____

Are Emergency Protective Measures Recommended: YES _____ NO _____
If yes – shelter in place or evacuation – (circle one)

Outside Resources Required: YES _____ NO _____

Is clean-up in progress: YES _____ NO _____

Description of Event/Incident: _____

Name of material discharged: _____ UN # _____

Amount of material discharged _____

Address: _____

Directions to Location: _____

Other actions initiated/ Additional Information: _____

Entered in E-Team YES _____ NO _____ **Entered in DEP Spill Reporting System YES _____ NO _____**

NOTIFICATIONS: (circle all that apply)

WVSFM/RRT

WVDEP

COUNTY EMA

WVDHSEM DIRECTOR

OTHER _____

10/22/09

SAMPLE