



Chagrin/Southeast Hazardous Materials Response Team
 6320 SOM Center Road, Solon, Ohio 44139

Hazmat Incident Report

This report is completed for all hazmat team incidents, including HCO consults, request for supplies and equipment, limited responses, and full-team callouts.

Incident Info			
Incident Date:		Incident Number:	
Hazmat Control Officer:			
Incident Location:			
Time Team Notified (Paged):		Time HMRT on Scene:	
Time HMRT Left Scene:			
Fire Department Requesting Hazmat Team:			
Billing Info			
Responsible Party: (Company)			
Street Address:			
City/State/Zip			
Incident Contact Name:		Phone:	
A/P Contact Name:		Phone:	
Email Address:		Fax:	
Response Info			
Type of Response:			
HCO Phone Consult []	HCO Scene Consult []	Equipment Only []	
Limited Response []	Full Team Response []		
Responding Vehicles:			
HazMat 1 []	Hazmat #2 Trailer []	Hazmat #3 Trailer []	
Command Post []	Air Truck []	Other []	
Specify Other(s):			

Organizational Structure			
Incident Commander:			
Hazmat Control Officer:			
Hazmat Safety Officer:			
Entry Officer:			
Entry Team #1			
Entry Team #2			
Entry Team #3			
Entry Team #4			
Decon Officer:			
Decon Team:			
Research Team:			
Medical/Rehab Team:			
Support Officer:			
Communications Officer:			
Other Assignments:			
Communications			
Incident Command			
Hazmat Command			
Hazmat Entry			
Control Zones			
Hot Zone Distance		Marked With	
Warm Zone Area		Marked With	
Cold Zone Area		Marked With	
Downwind Protective Action Area Distance		Evacuation or Shelter-in-Place	

Incident Description			
Product #1 and Container			
Product #1		UN or CAS Number	
Quantity Released		Physical State of Release	
Container #1		Construction Material	
Container Type		Container Capacity	
Cause of Breach			
Location of Breach			
Type of Release and Affected Medium			
Product #2 and Container			
Product #2		UN or CAS Number	
Quantity Released		Physical State of Release	
Container #2		Construction Material	
Container Type		Container Capacity	
Cause of Breach			
Location of Breach			
Type of Release and Affected Medium			

Narrative:

Include Situation Found, actions taken prior to arrival of team, actions taken by HMRT, results of monitoring, notifications made and other pertinent information regarding the response.

HCO Signature:		Date:	
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