**HAZARDOUS MATERIALS INCIDENT**

**MAJOR INCIDENT REPORTING FORM**

**DUTY OFFICER INFORMATION:**

1. INCIDENT NAME:
2. PREPARED BY:       PHONE:       DATE:       TIME:
3. STATUS:
4. LOCATION AND DESCRIPTION
	1. NATURE OF INCIDENT:
	2. INCIDENT LOCATION:
	3. INCIDENT CITY:
	4. REPORTING AGENCY/NAME:
5. CURRENT ORGANIZATION
	1. INCIDENT COMMANDER:
	2. COMMAND AGENCY:
	3. CONTACT PHONE:
6. RESOURCES SUMMARY
	1. LOCAL RESPONDERS:
	2. STATE:
	3. FEDERAL:
	4. VOLUNTEER/PRIVATE:
7. INCIDENT SUMMARY
	1. GENERAL
		1. DEATHS:
		2. INJURIES:
	2. DAMAGES:
	3. SUMMARY:
8. DUTY OFFICER CALLED (605-773-3231)/emailed (sdoemdutyofficer@state.sd.us):
9. REGION 6 COORDINATOR CALLED (605-770-9540)/emailed (dave.beintema@state.sd.us):

**NON-DUTY OFFICER INFORMATION:**

CONTAINER TYPE:       PLACARD #:
CHEMICAL:       FORM:
AMOUNT:       SPILL SIZE:
MOVEMENT:

ENDANGERED AREA:       POPULATION AREA:

IMMEDIATE THREAT: **[ ]** HUMAN **[ ]** WILDLIFE **[ ]**  WATER **[ ]** FISH **[ ]** OTHER

CURRENT OR POTENTIAL HEALTH PROBLEMS:

CURRENT OR POTENTIAL ENVIRONMENTAL PROBLEMS:

WATER BODIES/STREAMS INVOLVED:

WHAT MEDIA WAS AFFECTED BY THE RELEASE:

CURRENT WEATHER CONDITIONS AT SCENE:

WIND SPEED:       DIRECTION:       TEMPERATURE:      ° CLIMATE:

SHIPPER/MANUFACTURER: ADDRESS:

PHONE:       DRIVER NAME:

INSURANCE COMPANY/POLICY/ADDRESS/PHONE:

PHOTO #1
DESCRIPTION:

PHOTO #2
DESCRIPTION: