

**INCIDENT – RELEASE REPORTING ASSESSMENT TOOL**  
**If you have an emergency, Call 911**

Handlers of hazardous materials are required to report release. The following is a tool to be used for assessing if a release is reportable. Additionally, a non-reportable release is provided to document why a release is not reported (**see the back**). This document is a guide for accessing when hazardous materials release reporting is required by Chapter 6.95 of the California Health and Safety Code. It does not replace good judgment, Chapter 6.95 or other state or federal release reporting requirements.

**When in doubt report the release!**

**Questions for Incident Assessment:**

	<b>Yes</b>	<b>No</b>
1. Was anyone injured requiring medical care or admission to a hospital for observation, or killed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did anyone, other than employees in the immediate area of the release, evacuate?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the release cause off-site damage to public or private property?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the release greater than or equal a reportable quantity (RQ)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Was there an uncontrolled or unpermitted release to the air?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did an uncontrolled or unpermitted release escape secondary containment, or extend into any sewers, storm water conveyance systems, utility vaults - conduits, wetlands, waterways, public roads, or off site?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did the incident require the activation of your emergency response plan and/or triggering the activation of the facility's response team?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will control, containment, decontamination, and or cleanup require the assistance of federal, state, county, municipal, or fire district response personnel/equipment?	<input type="checkbox"/>	<input type="checkbox"/>
9. Did the release or threatened release involve an unknown material or contain an unknown hazardous constituent?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the incident a threatened release (a condition creating a substantial probability of harm that requires an immediate action to prevent, reduce or mitigate damages to people, property, or the environment)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there an increased potential for secondary effects including fire, explosion, line rupture, equipment failure, or other outcomes that may endanger or cause exposure to employees, the general public, or the environment?	<input type="checkbox"/>	<input type="checkbox"/>
12. Did the incident require an outside response contractor to assist in containing, controlling, & cleaning up the spill?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is **YES** to **any** of the above questions report the release to California Emergency Management Agency (formerly California Office of Emergency Services) at **1-800-852-7550 or (916) 845-8911** and Solano County Environmental Health Services Division at **(707) 784-6765** (8 am to 5 pm M-F) and after hours at **(707) 421-7090**. A release of a federally regulated substance at or above the applicable RQ requires notification to the National Response Center at **1-800-424-8802**. Note: other state and federal agencies may require notifications depending on the circumstances.

If all answers are **NO**, complete a non Reportable Release Incident Form (page 2 of 2) and keep readily available. Documenting why a “no” response was made to each question will serve useful to justify not reporting to Solano County, Cal EMA and any other regulatory agency.

### NON REPORTABLE RELEASE INCIDENT FORM

**1. RELEASE AND RESPONSE DESCRIPTION**

Incident#

Date/Time Discovered	Date/Time of Discharge	Discharge stopped <input type="checkbox"/> Yes <input type="checkbox"/> No Date
Incident Report Date/Time:		
Incident Business/Site Name:		
Incident Address:		
Other Locators (Bldg, Room, Oil Field Lease, Well,#, GPS, APN)		
Please describe the incident, specific causes/ areas affected and reasons why not reportable. Photos attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Indicate actions to be taken to prevent similar releases from occurring in the future:		

**2. ADMINISTRATIVE INFORMATION**

Supervisor in charge at time of incident:	Phone:
Contact Person:	Phone:

**3. CHEMICAL INFORMATION**

Chemical	Quantity <input type="checkbox"/> Gal <input type="checkbox"/> LBS <input type="checkbox"/> FT <sup>3</sup>
Chemical	Quantity <input type="checkbox"/> Gal <input type="checkbox"/> LBS <input type="checkbox"/> FT <sup>3</sup>
Chemical	Quantity <input type="checkbox"/> Gal <input type="checkbox"/> LBS <input type="checkbox"/> FT <sup>3</sup>
Clean-Up Procedures and Timelines	

Completed By:	Phone:
Print Name:	Title: