

FORM A

Hazardous Materials Incidents / Accidents / Continuous Releases

REPORT INCIDENT IMMEDIATELY to the KANSAS DIVISION OF EMERGENCY MANAGEMENT (KDEM)

Telephone (785) 296-8013 or (800) 275-0297. THIS COMPLETED FORM must be submitted on-line or faxed (785) 274-1426 to KDEM, Technological Hazards Section, **AS SOON AS PRACTICABLE (not to exceed 7 days)** after the verbal notification. Form A(s) may be used as the written follow-up notification to KDEM **ONLY IF** an **UPDATED** Form A is submitted after the incident has concluded and includes additional information on the cause of the release, information on actual response actions taken, identification of any acute or chronic health risks and advice regarding medical attention necessary for citizens exposed, if appropriate. Additional information can be mailed to KDEM at: 2800 SW Topeka Blvd, Topeka, KS 66611.

- The following fields may have multiple entries: Commodity, Physical Form, Incident Mode, Truck/Trailer Number, Railcar Number, and Placard. If there is not enough room on this form to report these fields or "What Happened" or "Actions Taken to Remediate the Incident" please attach another page with the additional details.
- 1. KDEM CONFIRMATION NUMBER: _____ IS THIS AN UPDATE TO A PREVIOUSLY SUBMITTED FORM A: YES () NO ()
- 2. IF A CONTINUOUS RELEASE ENTER STATE CR-ERNS #: _____ DUN & BRADSTREET #: _____

Caller	3. PERSON INITIATING THE CALL: _____ SPILLER: YES () NO ()
	Name _____ Title or Position _____
	4. REPRESENTING: _____ () _____ Ext. _____
	Organization _____ Call Back Number _____
5. ORGANIZATION ADDRESS: _____	
Street _____ City _____ County _____	
6. EMAIL _____	

Incident	7. NOTIFICATION: TIME _____ A.M. _____ DATE _____ P.M. _____ INCIDENT DISCOVERY: TIME _____ A.M. _____ DATE _____ P.M. _____
	8. LOCATION: CITY _____ COUNTY _____
	9. INCIDENT ADDRESS/LOCATION: (e.g. milepost, HWY, RR, intersection, TWP/RANGE, LAT./LONG.) _____
	10. MANUFACTURER AND/OR SHIPPER: _____
	11. CAUSE OF RELEASE: (CHECK ALL THAT APPLY) EXPLOSION () FIRE () SPILL () EQUIPMENT FAILURE () OPERATOR ERROR () NATURAL PHENOMENON () DUMPING () OTHER () _____
	12. INCIDENT MODE: MOTOR CARRIER () FIXED FACILITY () PIPE LINE () RAIL () OTHER () _____
	13. WHAT HAPPENED: _____
	14. WIND CONDITIONS: DIRECTION _____ SPEED _____ (e.g. 0-5 mph, 6-10 mph and 11> mph)
	15. WEATHER TYPE: (e.g. Sunshine, Rain, Snow, Sleet, Ice, Fog, etc.) _____
	16. ARE THERE ANY RESIDENCES WITHIN ¼ MILE: YES () APPROXIMATE NUMBER: _____
	17. PERSONAL INJURIES: NO () YES () NUMBER: _____ FATALITIES: NO () YES () NUMBER: _____
	18. EMERGENCY CREWS ON SCENE: (CHECK ALL THAT APPLY) FIRE () LAW ENFORCEMENT () AMBULANCE () EMERGENCY MANAGEMENT () KSFM REGIONAL RESPONSE TEAM () OTHER _____
	19. IS INCIDENT AREA SECURED: NO () YES ()

