

Call Received by: _____ Time: _____ Date: _____ Responder(s): _____

INCIDENT RESPONSE RECORD

Check One (1) Box:	Accident Investigation	Asbestos	Chemical Spills
	IAQ Mold/HVAC	Incident Response	Regulatory Action
	Safety Review	Storm water	Other

QUESTIONS TO ASK:

1. Who is reporting the incident? What is your phone number?	Name: Phone #:
2. Was anyone injured? Has 911 been called? How Many? Are there any symptoms of exposure? Describe . . .	
3. Where is the incident located?	
4. What is the nature of the incident? Person injured, feeling ill Spill or Abandoned Chemicals Odor, Smell Mold, asbestos, lead concerns	
5. Outdoor Spill-can it get into soil or storm water drain?	No Yes:
6. Has anyone else been called to respond to the incident?	
7. Who will be there to meet safety personnel?	
8. Have you notified your supervisor? Who is your supervisor?	
9. When was the incident discovered? Who discovered it?	

What actions were taken to bring the incident to closure?

AMBIENT AIR SAMPLING LOG

Sampler name:	Date:		Temperature:
Instrument:	Model:		

Specific Location	Time	FID (ppm)	PID (ppm)	O ₂ (%)	LEL (%)	CO (ppm)	H ₂ S or SO ₂ (ppm)	Hg (mg/m ³)
Control Value (specify where)								
Final release values								

Actions Taken: