

**EMERGENCY RELEASE FOLLOW - UP NOTICE REPORTING FORM**

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| <b>A</b> | BUSINESS NAME  | FACILITY EMERGENCY CONTACT & PHONE NUMBER<br>( ) -   |
| <b>B</b> | INCIDENT DATE MO DAY YR  | TIME OES NOTIFIED (use 24 hr time)   |
| <b>C</b> | INCIDENT ADDRESS LOCATION  | CITY / COMMUNITY COUNTY ZIP  |
| <b>D</b> | CHEMICAL OR TRADE NAME (print or type)   | CAS Number   |
| <b>E</b> | CHECK IF CHEMICAL IS LISTED IN 40 CFR 355, APPENDIX A <input type="checkbox"/>   | CHECK IF RELEASE REQUIRES NOTIFICATION UNDER 42 U.S.C. Section 9603 (a) <input type="checkbox"/>                       |
| <b>F</b> | PHYSICAL STATE CONTAINED<br><input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> GAS  | PHYSICAL STATE RELEASED<br><input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> GAS |
| <b>G</b> | ENVIRONMENTAL CONTAMINATION<br><input type="checkbox"/> AIR <input type="checkbox"/> WATER <input type="checkbox"/> GROUND <input type="checkbox"/> OTHER  | QUANTITY RELEASED<br>TIME OF RELEASE DURATION OF RELEASE<br>—DAYS —HOURS—MINUTES                                       |
| <b>H</b> | ACTIONS TAKEN  |  |
| <b>I</b> | KNOWN OR ANTICIPATED HEALTH EFFECTS (Use the comments section for addition information)<br><input type="checkbox"/> ACUTE OR IMMEDIATE (explain) _____<br><input type="checkbox"/> CHRONIC OR DELAYED (explain) _____<br><input type="checkbox"/> NOTKNOWN (explain) _____   |  |
| <b>J</b> | ADVICE REGARDING MEDICAL ATTENTION NECESSARY FOR EXPOSED INDIVIDUALS   |  |
| <b>K</b> | COMMENTS (INDICATE SECTION (A - G) AND ITEM WITH COMMENTS OR ADDITIONAL INFORMATION)   |  |
| <b>L</b> | CERTIFICATION: I certify under penalty of law that I have personally examined and I am familiar with the information submitted and believe the submitted information is true, accurate, and complete.<br>REPORTING FACILITY REPRESENTATIVE (print or type) _____<br>SIGNATURE OF REPORTING FACILITY REPRESENTATIVE _____ DATE: _____ |  |

**EMERGENCY RELEASE FOLLOW-UP NOTICE**  
**REPORTING FORM INSTRUCTIONS**  
(This form may be reproduced, as needed)

**GENERAL INFORMATION:**

Chapter 6.95 of Division 20 of the California Health and Safety Code requires that written emergency release follow-up notices prepared pursuant to 42 U.S.C. § 11004, be submitted using this reporting form. Non-permitted releases of reportable quantities of Extremely Hazardous Substances (listed in 40 CFR 355, appendix A) or of chemicals that require release reporting under section 103(a) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 [42 U.S.C. § 9603(a)] must be reported on the form, as soon as practicable, but no later than 30 days, following a release. The written follow-up report is required in addition to the verbal notification.

**BASIC INSTRUCTIONS:**

- The form, when filled out, reports follow-up information required by 42 U.S.C § 11004. Ensure that all information requested by the form is provided as completely as possible.
- If the incident involves reportable releases of more than one chemical, prepare one report form for each chemical released.
- If the incident involves a series of separate releases of chemical(s) at different times, the releases should be reported on separate reporting forms.

**SPECIFIC INSTRUCTIONS:**

Block A: Enter the name of the business and the name and phone number of a contact person who can provide detailed facility information concerning the release.

Block B: Enter the date of the incident and the time that verbal notification was made to OES. The OES control number is provided to the caller by OES at the time verbal notification is made. Enter this control number in the space provided.

Block C: Provide information pertaining to the location where the release occurred. Include the street address, the city or community, the county and the zip code.

Block D: Provide information concerning the specific chemical that was released. Include the chemical or trade name and the Chemical Abstract Service (CAS) number. Check all categories that apply. Provide best available information on quantity, time and duration of the release.

Block E: Indicate all actions taken to respond to and contain the release as specified in 42 U.S.C. § 11004(c).

Block F: Check the categories that apply to the health effects that occurred or could result from the release. Provide an explanation or description of the effects in the space provided. Use Block H for additional comments/information if necessary to meet requirements specified in 42 U.S.C. § 11004(c).

Block G: Include information on the type of medical attention required for exposure to the chemical released. Indicate when and how this information was made available to individuals exposed and to medical personnel, if appropriate for the incident, as specified in 42 U.S.C. § 11004(c).

Block H: List any additional pertinent information.

Block I: Print or type the name of the facility representative submitting the report. Include the official signature and the date that the form was prepared.

**MAIL THE COMPLETED REPORT TO:**

**Chemical Emergency Planning and Response Commission (CEPRC) /  
Attn: Section 304 Reports  
Hazardous Materials Unit  
P.O. Box 419047  
Rancho Cordova, CA 95741-9047**

NOTE: Authority cited: Sections 25503, 25503.1 and 25507.1, Health and Safety Code.  
Reference: Sections 25503(b)(4), 25503.1, 25507.1, 25518 and 25520, Health and Safety Code.