|  |  |
| --- | --- |
| Incident Location: |  |
| State Roadway: | Y/N |
| Incident Jurisdiction incl. County: |  |
| Incident Commander: |  |
| Direct Call-Back Number: |  |
| Incident Tactical Channel: |  |
| Brief Description of the Problem: |  |
| HM Identified or Unknown: |  |
| UN Number: |  |
| Placard Markings: |  |
| Liquid/Gas/Solid: |  |
| Container Type: |  |
| Is the original container intact: |  |
| Quantity of Spill/Leak: |  |
| Quantity of Container: |  |
| Estimated Speed of the Leak |  |
| Is there a fire or danger of fire? |  |
| Is the material threatening a waterway? |  |
| Is there a vapor cloud? Color/direction/exposure: |  |
| Is air monitoring in place: |  |
| Is anyone sick or injured from the material: |  |
| Is civilian decon required: |  |
| Is Containment Needed: |  |
| Is IDLH Entry Needed? |  |
| Is Decon Needed |  |
| Disposal plan for released materials: |  |

Disposition: \_\_\_\_\_\_\_ Consult Only \_\_\_\_\_\_\_\_\_\_\_\_Team Callout

HazMat Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_hrs Date: \_\_\_/\_\_\_/\_\_\_

**If AJCHRA response needed additional information to be sent to AJCHRA resources**

|  |  |
| --- | --- |
| On-scene hazmat branch name and cell |  |
| AHCRA response channel |  |
| AJCHRA staging location |  |
| AJCHRA Hazmat officer name and cell |  |
|  |  |

This form must be completed for all HM Consult Call requests.

If AJCHRA response is required contact the closest AJCHRA HazMat Station/HazMat Officer

Once the HM Consult Call is concluded, this completed form and an Agency Incident Report must be completed and emailed to Glenn Grove (gkgrove@co.jefferson.co.us) within 10 whether the AJHRA responded or not.