

HAZARDOUS MATERIALS

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Chemical Name: _____ CAS Number: _____ EHS: Yes No
 State: solid liquid gas liquid compressed gas pure mix waste persons
 Hazards: corrosive active toxicity delayed toxicity fire reactive sudden release radioactive
 Contaminated: soil water asphalt gravel concrete inside building inside trailer / box car
 Characteristics: F.P.: _____ LEL: _____ UEL: _____ TLV: _____ STEL: _____ pH: _____ Concentration: _____ %
 Rise / Fall / Mix in AIR Float / Sink / Mix in WATER Water / Air REACTIVE
 Special Actions: _____
 Estimated amount released: _____ RQ? yes no Type placard / label: _____ UN# _____ DOT # _____

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For statistical purposes only – select the most applicable choice

Likely Cause	Situation	Container Condition	Type Container
<input type="checkbox"/> fire / explosion	<input type="checkbox"/> leak	<input type="checkbox"/> no apparent damage	<input type="checkbox"/> bottle / jug / can
<input type="checkbox"/> motor vehicle accident	<input type="checkbox"/> spill	<input type="checkbox"/> rusting	<input type="checkbox"/> drum
<input type="checkbox"/> handling accident	<input type="checkbox"/> fire	<input type="checkbox"/> surface scratches	<input type="checkbox"/> fixed tank
<input type="checkbox"/> equipment failure	<input type="checkbox"/> abandoned container	<input type="checkbox"/> large dents	<input type="checkbox"/> tank truck / trailer
<input type="checkbox"/> operation / human error	<input type="checkbox"/> investigation	<input type="checkbox"/> puncture / large hole	<input type="checkbox"/> tank car
<input type="checkbox"/> intentional	<input type="checkbox"/> no release	<input type="checkbox"/> turn open / exploded	<input type="checkbox"/> bag / box
			<input type="checkbox"/> mixing tank / vat
			<input type="checkbox"/> cylinder
If transportation accident, did PSC investigate? <input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> box truck / trailer / car
Did fire department submit TFIRS report? <input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> carboy / portable tank
			<input type="checkbox"/> piping

Complete this form and return as soon as possible to:

**Tennessee Emergency Management Agency
 3041 Sidco Drive, Nashville, TN 37204-1502
 1-800-262-3300 (in-state) 1-800-258-3300 (out-of-state)**

TIERS – SUPPLEMENTAL INFORMATION *for local use*

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D
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May include:

- Which way is north?
- Wind speed and direction
- Direction of travel
- Hot, warm and cold zones
- Locate and distance to CP
- Locate and distance to staging


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State of Tennessee
Local Government Situation Report (SITREP)

DATE/TIME SENT: _____

TO: State EOC _____ COUNTY: _____ SITREP #: _____

PART I	FLASH PRECEDENCE (A-H)		Cumulative Total
Alpha	Type of Disaster:	A	
Bravo	Time of Occurrence:	B	
Charlie	Location (Town/Community):	C	
Delta	Fatalities: Confirmed: Estimated:	D	
Echo	Number of Persons Hospitalized:	E	
Foxtrot	Number of Persons Treated and Released:	F	
Golf	Number of Persons Evacuated:	G	
Hotel	Number of Persons Sheltered:	H	
PART II	PRIORITY PRECEDENCE (I-Z)		
India	Number of Private Homes Destroyed:	I	
Juliet	Number of Private Homes Damaged:	J	
Kilo	Number of Mobile Homes Destroyed:	K	
Lima	Number of Mobile Homes Damaged:	L	
Mike	Number of Public Buildings Destroyed:	M	
November	Number of Public Buildings Damaged:	N	
Oscar	Number of Commercial/Industrial Facilities Destroyed:	O	
Papa	Number of Commercial/Industrial Facilities Damaged:	P	
Quebec	Number of Jobs Affected:	Q	
Romeo	Number of Bridges Damaged or Destroyed:	R	
Sierra	Miles of Road Damaged or Destroyed:	S	
Tango	Names of Utilities Damaged or Destroyed:	T	
Uniform	Extent of Crop (# of acres) or Farm Losses:	U	
Other Damages/Comments: <div style="margin-left: 40px;"> Click Image to Insert Photos  </div>			

Prepared by: _____ Received by: _____ Date/Time Received: / /