

A FDID State Incident Date Station Incident Number Exposure Haz No. Delete Change **NFIRS-7 HazMat**

B HazMat ID UN Number DOT Hazard Classification CAS Registration Number Chemical Name

<p>C1 Container Type <input type="checkbox"/> None</p> <p><input type="text"/> Container Type</p> <p>More hazardous materials? Use additional sheets.</p>	<p>C2 Estimated Container Capacity <input type="text"/>, <input type="text"/>, <input type="text"/></p> <p>Capacity: by volume or weight</p> <p>C3 Units: Capacity Check one box</p> <table border="0"> <tr> <td>VOLUME</td> <td>WEIGHT</td> </tr> <tr> <td>11 <input type="checkbox"/> Ounces</td> <td>21 <input type="checkbox"/> Ounces</td> </tr> <tr> <td>12 <input type="checkbox"/> Gallons</td> <td>22 <input type="checkbox"/> Pounds</td> </tr> <tr> <td>13 <input type="checkbox"/> Barrels: 42 gal.</td> <td>23 <input type="checkbox"/> Grams</td> </tr> <tr> <td>14 <input type="checkbox"/> Liters</td> <td>24 <input type="checkbox"/> Kilograms</td> </tr> <tr> <td>15 <input type="checkbox"/> Cubic feet</td> <td>MICRO UNITS</td> </tr> <tr> <td>16 <input type="checkbox"/> Cubic meters</td> <td><input type="text"/> Enter Code</td> </tr> </table>	VOLUME	WEIGHT	11 <input type="checkbox"/> Ounces	21 <input type="checkbox"/> Ounces	12 <input type="checkbox"/> Gallons	22 <input type="checkbox"/> Pounds	13 <input type="checkbox"/> Barrels: 42 gal.	23 <input type="checkbox"/> Grams	14 <input type="checkbox"/> Liters	24 <input type="checkbox"/> Kilograms	15 <input type="checkbox"/> Cubic feet	MICRO UNITS	16 <input type="checkbox"/> Cubic meters	<input type="text"/> Enter Code	<p>D1 Estimated Amount Released <input type="text"/>, <input type="text"/>, <input type="text"/></p> <p>Amount released: by volume or weight</p> <p>D2 Units: Released Check one box</p> <table border="0"> <tr> <td>VOLUME</td> <td>WEIGHT</td> </tr> <tr> <td>11 <input type="checkbox"/> Ounces</td> <td>21 <input type="checkbox"/> Ounces</td> </tr> <tr> <td>12 <input type="checkbox"/> Gallons</td> <td>22 <input type="checkbox"/> Pounds</td> </tr> <tr> <td>13 <input type="checkbox"/> Barrels: 42 gal.</td> <td>23 <input type="checkbox"/> Grams</td> </tr> <tr> <td>14 <input type="checkbox"/> Liters</td> <td>24 <input type="checkbox"/> Kilograms</td> </tr> <tr> <td>15 <input type="checkbox"/> Cubic feet</td> <td>MICRO UNITS</td> </tr> <tr> <td>16 <input type="checkbox"/> Cubic meters</td> <td><input type="text"/> Enter Code</td> </tr> </table>	VOLUME	WEIGHT	11 <input type="checkbox"/> Ounces	21 <input type="checkbox"/> Ounces	12 <input type="checkbox"/> Gallons	22 <input type="checkbox"/> Pounds	13 <input type="checkbox"/> Barrels: 42 gal.	23 <input type="checkbox"/> Grams	14 <input type="checkbox"/> Liters	24 <input type="checkbox"/> Kilograms	15 <input type="checkbox"/> Cubic feet	MICRO UNITS	16 <input type="checkbox"/> Cubic meters	<input type="text"/> Enter Code	<p>E1 Physical State When Released</p> <p>1 <input type="checkbox"/> Solid</p> <p>2 <input type="checkbox"/> Liquid</p> <p>3 <input type="checkbox"/> Gas</p> <p>U <input type="checkbox"/> Undetermined</p> <p>E2 Released Into <input type="text"/></p> <p>Released into</p>
VOLUME	WEIGHT																														
11 <input type="checkbox"/> Ounces	21 <input type="checkbox"/> Ounces																														
12 <input type="checkbox"/> Gallons	22 <input type="checkbox"/> Pounds																														
13 <input type="checkbox"/> Barrels: 42 gal.	23 <input type="checkbox"/> Grams																														
14 <input type="checkbox"/> Liters	24 <input type="checkbox"/> Kilograms																														
15 <input type="checkbox"/> Cubic feet	MICRO UNITS																														
16 <input type="checkbox"/> Cubic meters	<input type="text"/> Enter Code																														
VOLUME	WEIGHT																														
11 <input type="checkbox"/> Ounces	21 <input type="checkbox"/> Ounces																														
12 <input type="checkbox"/> Gallons	22 <input type="checkbox"/> Pounds																														
13 <input type="checkbox"/> Barrels: 42 gal.	23 <input type="checkbox"/> Grams																														
14 <input type="checkbox"/> Liters	24 <input type="checkbox"/> Kilograms																														
15 <input type="checkbox"/> Cubic feet	MICRO UNITS																														
16 <input type="checkbox"/> Cubic meters	<input type="text"/> Enter Code																														

<p>Complete the remainder of this form only for the first hazardous material involved in this incident.</p> <p>F1 Released From Check all applicable boxes</p> <p><input type="checkbox"/> Below grade</p> <p>1 <input type="checkbox"/> Inside/on structure <input type="text"/> Story of release</p> <p>2 <input type="checkbox"/> Outside of structure</p>	<p>F2 Population Density</p> <p>1 <input type="checkbox"/> Urban</p> <p>2 <input type="checkbox"/> Suburban</p> <p>3 <input type="checkbox"/> Rural</p> <p>G1 Area Affected</p> <p>1 <input type="checkbox"/> Square feet</p> <p>2 <input type="checkbox"/> Blocks</p> <p>3 <input type="checkbox"/> Square miles</p> <p><input type="text"/>, <input type="text"/></p> <p>Enter measurement</p>	<p>G2 Area Evacuated <input type="checkbox"/> None</p> <p>1 <input type="checkbox"/> Square feet <input type="text"/>, <input type="text"/></p> <p>2 <input type="checkbox"/> Blocks</p> <p>3 <input type="checkbox"/> Square miles</p> <p>Enter measurement</p> <p>G3 Estimated Number of People Evacuated <input type="text"/>, <input type="text"/></p> <p>G4 Estimated Number of Buildings Evacuated <input type="text"/>, <input type="text"/> <input type="checkbox"/> None</p>	<p>H HazMat Actions Taken Enter up to three actions taken</p> <p><input type="text"/> Primary action taken (1)</p> <p><input type="text"/> Additional action taken (2)</p> <p><input type="text"/> Additional action taken (3)</p> <p>I If fire or explosion is involved with a release, which occurred first?</p> <p>1 <input type="checkbox"/> Ignition U <input type="checkbox"/> Undetermined</p> <p>2 <input type="checkbox"/> Release</p>
--	--	--	--

<p>J Cause of Release <input type="checkbox"/> Intentional</p> <p>2 <input type="checkbox"/> Unintentional release</p> <p>3 <input type="checkbox"/> Container/container failure</p> <p>4 <input type="checkbox"/> Act of nature</p> <p>5 <input type="checkbox"/> Cause under investigation</p> <p>U <input type="checkbox"/> Cause undetermined after investigation</p>	<p>K Factors Contributing to Release Enter up to three contributing factors</p> <p><input type="text"/> Factor contributing to release (1)</p> <p><input type="text"/> Factor contributing to release (2)</p> <p><input type="text"/> Factor contributing to release (3)</p>	<p>L Factors Affecting Mitigation <input type="checkbox"/> None Enter up to three factors or impediments that affected the mitigation of the incident</p> <p><input type="text"/> Factor or impediment (1)</p> <p><input type="text"/> Factor or impediment (2)</p> <p><input type="text"/> Factor or impediment (3)</p>
--	---	---

<p>M Equipment Involved in Release <input type="checkbox"/> None</p> <p><input type="text"/> Equipment involved in release</p> <p>Brand <input type="text"/></p> <p>Model <input type="text"/></p> <p>Serial # <input type="text"/></p> <p>Year <input type="text"/></p>	<p>N Mobile Property Involved in Release <input type="checkbox"/> None</p> <p><input type="text"/> Mobile property type</p> <p><input type="text"/> Mobile property make</p> <p>Model <input type="text"/> Year <input type="text"/></p> <p>License plate number <input type="text"/> State <input type="text"/></p> <p>DOT number/ ICC number <input type="text"/></p>	<p>O HazMat Disposition <input type="checkbox"/> Completed by fire service only</p> <p>2 <input type="checkbox"/> Completed w/fire service present</p> <p>3 <input type="checkbox"/> Released to local agency</p> <p>4 <input type="checkbox"/> Released to county agency</p> <p>5 <input type="checkbox"/> Released to state agency</p> <p>6 <input type="checkbox"/> Released to federal agency</p> <p>7 <input type="checkbox"/> Released to private agency</p> <p>8 <input type="checkbox"/> Released to property owner or manager</p> <p>P HazMat Civilian Casualties</p> <p>Deaths <input type="text"/> Injuries <input type="text"/></p> <p>NFIRS-7 Revision 01/01/06</p>
---	--	--