

Form B Initial Incident Investigation and Report Form

Type of Incident (Check one or more): Chemical Release ___ Fire___
Process Deviation ___ Catastrophic Event___

Date of Incident:: _____

Time of Incident: _____

Notify OSHA at XXX-XXX-XXXX, if fatality or more than three employees hospitalized. If OSHA notified, indicate time called here: _____

Notify the LEPC, SERC, and NRC if chemical release exceeds the reportable quantity (consult chemical release chart in the Emergency Response Plan) or environmental impact is suspected. If LEPC, SERC, & NRC notified, indicate time(s) called and report number(s) here:

LEPC (XXX-XXXX): _____

SERC(XXX-XXX-XXXX): _____

NRC(XXX-XXX-XXXX): _____

Description of Incident:

Cause(s) of Incident: _____

Recommendations: _____

Have recommendations been implemented at time of this report? (Y/N) _____

If Maintenance Work request issued, indicate Work Request #: _____

If Recommendation request issued, indicate RRS #: _____

Investigation Leader Signature: _____

Other Committee Members Signatures: _____
