

OFF-HIGHWAY EMERGENCY REMOVAL INCIDENT REPORT

DTSC Duty Officer: _____ ERER #: _____

Date of Incident: _____ Time: _____

Address: _____ Zip Code: _____

Description of Location: _____
_____**HAZARDOUS MATERIALS (ATTACH ADDITIONAL SHEETS, IF NECESSARY)**

ITEM	SUBSTANCE	QUANTITY	HAZCAT RESULTS
1			
2			
3			
4			
5			

RESPONSIBLE PARTY (NAME, DRIVER'S LICENSE NUMBER, DATE OF BIRTH, VEHICLE REGISTRATION NUMBER, ADDRESS, PHONE): _____**DESCRIPTION OF MITIGATION MEASURES** (ISOLATION, EVACUATION, CROWD CONTROL, ETC.): _____**REPORT PREPARED BY:**

NAME: _____ TITLE: _____

OFFICE PHONE: _____ TASK FORCE: _____

AGENCY: _____

I CERTIFY THAT THIS INCIDENT REQUIRED IMMEDIATE CORRECTIVE ACTION NECESSARY TO REMEDY OR PREVENT AN EMERGENCY RESULTING FROM EITHER A FIRE, AN EXPLOSION, OR HUMAN EXPOSURE TO HAZARDOUS SUBSTANCES.

SIGNATURE: _____