

**THIS FORM PROVIDES GUIDANCE FOR INITIAL NOTIFICATION  
EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT  
SECTION 304 REPORTING FORM**

Reporting Number 850/413-9911

1. General Information SARA LOG # \_\_\_\_\_
  - A. Time/Date \_\_\_\_\_ / \_\_\_\_\_
  - B. Reported by (Name/Company) \_\_\_\_\_
  - C. Contact Person (If different from 1-B above) \_\_\_\_\_
  - D. Location \_\_\_\_\_
  - E. Telephone Number \_\_\_\_\_
  
2. Release Information
  - A. Substance(s) Involved \_\_\_\_\_
  - B. Release Medium: Air \_\_\_\_\_ Water \_\_\_\_\_ (surface/ground) Land \_\_\_\_\_
  - C. Event Terminated: Yes/No  
Release Began \_\_\_\_\_ Ended \_\_\_\_\_ Duration \_\_\_\_\_
  - D. Quantity Released \_\_\_\_\_
  - E. EHS Release: Yes/No; CERCLA Release: Yes/No
  
3. Is this a Reportable Incident/Emergency under Section 304?
  
4. Incident Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Action Taken to Respond or Contain: \_\_\_\_\_  
\_\_\_\_\_
  
6. Potential Health Risk (If known or anticipated)
  - A. Off-Site \_\_\_\_\_
  - B. Injuries: Release Related/Number \_\_\_\_\_  
Non-Release Related/Number \_\_\_\_\_
  
7. Recommended Protective Actions (Where Appropriate, Advise Regarding Attention Necessary for Exposed Individuals) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Agencies Notified by Industry
  - A. County E.M. \_\_\_\_\_ D. State DEP \_\_\_\_\_
  - B. Local F.D. \_\_\_\_\_ E. Other \_\_\_\_\_
  - C. Local Environmental \_\_\_\_\_
  
9. Emergency Assistance Requested: Yes/No; If Yes:
  - A. Local F.D. \_\_\_\_\_ E. Local Health \_\_\_\_\_
  - B. County E.M. \_\_\_\_\_ F. State DEP \_\_\_\_\_
  - C. Local Environmental \_\_\_\_\_ G. Other \_\_\_\_\_
  - D. Local Law Enf. \_\_\_\_\_
  
10. Should More Than 15 Minutes Difference Exist Between Release Beginning Time (\_\_\_\_) and Reporting Time (\_\_\_\_) - Explain Reason for Not Immediately Reporting the Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
11. Message Received By: Name \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_

**THIS DOES NOT FULFILL THE REQUIREMENTS FOR A FOLLOW-UP REPORT.**