



**Emergency Response Form**  
**Type "B" Emergency – Non-Hazardous Material**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Person Initially Calling/Reporting: \_\_\_\_\_

Are there any injuries? Yes / No (Circle one). If yes, give a brief description: \_\_\_\_\_

\_\_\_\_\_

Exact Location: \_\_\_\_\_

'May-Day' Called on Radio? Yes / No (Circle one) Time: \_\_\_\_\_

Are Paramedics Needed: If yes, call '911' or request the BP ROC to call.

Time of Call: \_\_\_\_\_ Call Made To: 911 or ROC (Circle one)

Are Fire/Rescue Needed: If yes, call '911' or request the BP Roc to call.

Time of Call: \_\_\_\_\_ Call Made To: 911 or ROC (Circle one)

Is a Spill Response Team Needed? Yes / No (Circle one) If yes, call number below:

**Spill Response – TBD**

Appropriate MSDS Located and Brought to BPWE Site Manager: \_\_\_\_\_

Responsible Person Dispatched to Meet and Direct Ambulance? Yes / No (Circle one)

Name of Person Dispatched: \_\_\_\_\_ Time: \_\_\_\_\_

Time Site Response Initiated: \_\_\_\_\_

Name and Time BPWE ROC Contacted: \_\_\_\_\_

BPWE Site Manager Dispatched? Yes / No (Circle one) Time: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

End of Response Time: \_\_\_\_\_



Name of Person That Accompanied Injured to Hospital: \_\_\_\_\_

Authorization and Request for Drug Screen?    Yes / No (Circle one)

**Refer to DOT Emergency Response Guidebook and MSDS**

These resources will help you judge the hazards of a released chemical. It gives the following information:

- Physical and chemical properties of the material
- Physical and health hazards of the material
- Fire fighting techniques and equipment recommended
- Correct methods and materials to cleanup and/or neutralize spills and leaks
- First aid measures and safe evacuation distances

**DO NOT DISCARD**

**THIS FORM IS A LEGAL DOCUMENT AND MUST BE RETAINED FOR A  
MINIMUM OF 36 MONTHS**