INCIDENT INVESTIGATION FORM

This form will help satisfy requirements of 40 CFR 68.60 Incident Investigation for RMP Program 2 facilities. The person responsible for RMP compliance for this facility may use this form to investigate and record the information on any incident in question which could have reasonably resulted in a catastrophic release per the requirements in 68.60(a).

U.S. EPA Guidance on Reporting Accidents
Incidents at the stationary source that resulted or could have resulted in a catastrophic release should be investigated. Anhydrous ammonia retailers are only required to investigate incidents at the stationary source. As is the case with 5-year accident reports, the retailer is not required to investigate incidents during transportation of nurse tanks or at a farmer’s field.

Anhydrous Ammonia Theft
If an incident caused by theft or other criminal action at a covered facility resulted in or could reasonably have resulted in a catastrophic release of anhydrous ammonia (or another regulated substance), then the owner or operator of the covered facility must perform an incident investigation. If it would be unreasonable, based on the owner/operator’s knowledge of the facility and the safeguards that are in place, to believe that the criminal act could have resulted in a catastrophic release, then an incident investigation is not required. In making such determinations, owner/operators should judge whether the theft actually resulted in or could reasonably have resulted in a major uncontrolled emission, fire, or explosion that presented an imminent and substantial endangerment to public health or the environment.

Please note: The specific data element used in RMP*Submit is listed for your convenience. Example: 6.1 (a). Detailed instructions on the data required for reporting an incident in RMP*Submit can be found in the RMP*Submit User’s Manual.

Was the incident investigation initiated within 48 hours following the incident. 68.60(b)

Yes  No

6.1 Date of incident: ____________ 68.60(c)(1)

6.2 Time accident began: ____________ 68.60(c)(2)

6.3 NAICS Code for the process involved: ____________

6.4 Duration of the release: Hours: ____________ Minutes: ____________

A description of the incident includes: 68.60(c)(3)

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Factors that contributed to the incident includes: 68.60(c)(4)

6.5 Chemical(s) involved: __________

6.6 Release event: (Must check at least one)

   _____ a. Gas release
   _____ b. Liquid spill/evaporation
   _____ c. Fire
   _____ d. Explosion
   _____ e. Uncontrolled/Runaway reaction

6.7 Source of release: (Must check at least one)

   _____ a. Storage tank/vessel
   _____ b. Piping
   _____ c. Process tank/vessel
   _____ d. Transfer hose
   _____ e. Valve
   _____ f. Pump
   _____ g. Joint
   _____ h. Other: (Specify)___________________________________________________________

6.8 Weather conditions at the time of event:

   a. Wind speed: __________  Miles per hour: __________  Direction: __________
   b. Temperature in Degrees Fahrenheit: __________
   c. Atmospheric Stability Class: _____  (Unstable conditions...A...B...C...D...E...F...Stable conditions)
   d. Precipitation present:    Yes    No
   e. Unknown weather conditions:    Yes    No

6.9 On-site impacts: (Enter numbers)

   a. Deaths of: Employees or contractors: _____  Public responders: _____  Public: _____
   b. Injuries of: Employees or contractors: _____  Public responders: _____  Public: _____
   c. On-site Property damage in dollars: __________
6.10 Known Off-site impacts: (Enter numbers)

a. Deaths:___________

b. Hospitalization:___________

c. Other medical treatment:___________

d. Evacuated:___________

e. Sheltered-in-place:___________

f. Off-site Property damage in dollars:___________

g. Environmental damage: (Select all that apply)

   _____ Fish or animal kills
   _____ Tree, lawn, shrub or crop damage
   _____ Water contamination
   _____ Soil contamination
   _____ None
   _____ Other: (Specify)______________________________

6.11 Initiating event: (Select the one that best applies)

   _____ a. Equipment failure
   _____ b. Human error
   _____ c. Natural - weather conditions
   _____ d. Unknown

6.12 Contributing factors: (Select all that apply)

   _____ a. Equipment failure
   _____ b. Human error
   _____ c. Improper procedures
   _____ d. Overpressurization
   _____ e. Upset condition
   _____ f. By-pass condition
   _____ g. Maintenance activity or inactivity
   _____ h. Process design failure
   _____ i. Unsuitable equipment
   _____ j. Unusual weather conditions
   _____ k. Management error
   _____ l. Other: (Specify)______________________________

6.13 Off-site responders notified: (Select the one that best applies)

   _____ a. Notified only
   _____ b. Notified and responded
   _____ c. No, not notified
   _____ d. Unknown
6.14 Changes introduced as a result of the accident: (Must check at least one)

- a. Improved or upgraded equipment
- b. Revised maintenance
- c. Revised training
- d. Revised operating procedures
- e. New process controls
- f. New mitigation systems
- g. Revised emergency response plan
- h. Changed process
- i. Reduced inventory
- j. None
- k. Other: (Specify)

Recommendations resulting from the incident investigation include: 69.60(c)(5)

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The person responsible for RMP compliance has promptly addressed and resolved investigation findings and recommendations. Corrective action and resolutions include: 68.60(d)

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Summary: 68.60(c)
The person responsible for RMP compliance has reviewed the findings of this incident investigation with all personnel whose job tasks are affected by the findings.

Yes       No

Date of Employee Review:______________________________ 68.60(e)

The person responsible for RMP compliance will retain all incident investigation summary information for five years. 68.60(f)

Signature of person responsible for RMP compliance:______________________________________________

Print Name:_______________________________________ Date:______________________________

Business Name:_______________________________________ Site Reference:________________________

Address:_________________________________________ City:_____________________________________

State:_______  Zip Code:________________________

Incident Number:________________________

Duty Officer’s:______________________________

Revised: July 25, 2007 myRMP Guidance