

## :: NATIONAL RESPONSE CENTER ::

### :: RAILROAD NON-RELEASE REPORT (PDF) ::

The PDF Report should not be submitted to the NRC via fax or mail. They were created for use in Training and/or Response Plans, or as a guide when contacting the NRC.

Fields displayed in **RED** are mandatory entries. Please fill out the form as completely as possible.

<b>Is this a DRILL Report ?</b> YES      NO	<b>E-Mail Address:</b>
REPORTING PARTY	SUSPECTED RESPONSIBLE PARTY
<b>Phone 1:</b> Type:	<b>Last Name:</b>
<b>Last Name:</b>	<b>First Name:</b>
<b>First Name:</b>	<b>Phone 1:</b> Type:
<b>Phone 2:</b> Type:	<b>Phone 2:</b> Type:
<b>Phone 3:</b> Type:	<b>Phone 3:</b> Type:
<b>Company:</b>	<b>Company:</b>
<b>Org Type:</b>	<b>Org Type:</b>
<b>Address:</b>	<b>Address:</b>
<b>City:</b>	<b>City:</b>
<b>State:</b>	<b>State:</b>
<b>ZIP:</b>	<b>ZIP:</b>
<b>Are you calling on behalf of responsible party:</b>	Yes      No
<b>Are you or your company responsible for Material released:</b>	Yes      No

#### INCIDENT DESCRIPTION

<b>Description of Incident:</b>		
<b>Incident Date:</b>	<b>Time:</b>	<b>Occurred/Discovered/Planned:</b>
<b>Type of Incident:</b> <i>NON-RELEASE</i>	<b>Incident Cause:</b>	

#### INCIDENT LOCATION

Location Description:

Address Location:

State:

County:

ZIP:

Nearest City:

Distance from Nearest City:

Units:

Direction:

Range:

Section:

Township:

Latitude: Degrees:

Minutes:

Seconds:

Quadrant:

Longitude: Degrees:

Minutes:

Seconds:

Quadrant:

### RAILROAD DETAILS

Brake Failure Incident ? : Yes No Unknown

Subdivision:

Mile Post:

Transit Service Restored:

Passenger Train Route:

Yes

No

Unknown

Expect Passenger Train Delay: Yes No Unknown

How does the Carrier plan to handle the passengers:

### GRADE CROSSING DETAILS

Grade Crossing Incident ? Yes No Unknown

Type of Vehicle Involved:

Crossing Device:

Device Operational ? Yes No Unknown

DOT Crossing Number:

Was Federal Post Accident 219.201 Subpart C Testing Performed? Yes No Unknown

### NUMBER OF JOB TITLES TESTED

Conductors:

Yard Foremen:

Engineers:

RCL Operators:

Trainmen:

Brakemen:

Titles and Numbers Unknown:

### TRAIN DETAILS

Railroad Name:

Train Type:

Train Number/Name:

Number of Locomotives:

Number of Cars:

Number of Derailed:

Train Speed:

Track Speed:

Train Direction:

Railroad Name:

Train Type:

Train Number/Name:

Number of Locomotives:

Number of Cars:

Number of Derailed:

Train Speed: Track Speed: Train Direction:

Suspected Non-Compliance with DOT Regulations ? : Yes No

**DERAILED DETAILS**

Car Number: Position: Car Locomotive Cargo/Contents:

Car Number: Position: Car Locomotive Cargo/Contents:

**ALLISION DETAILS**

Allision Involved: Yes No Unkown Structure Type:

Structure Name: Structure Operational Yes No Unknown

**MATERIAL INVOLVED**

**MATERIAL #1**

Material: CHRIS Code: CAS Code:

Amount Released: Units: Amount in Water: Units:

**MATERIAL #2**

Material: CHRIS Code: CAS Code:

Amount Released: Units: Amount in Water: Units:

**MATERIAL #3**

Material: CHRIS Code: CAS Code:

Amount Released: Units: Amount in Water: Units:

**MATERIAL #4**

Material: CHRIS Code: CAS Code:

Amount Released: Units: Amount in Water: Units:

**MATERIAL #5**

Material: CHRIS Code: CAS Code:

Amount Released: Units: Amount in Water: Units:

**MATERIAL IN WATER INFORMATION**

Body of Water Affected: Offshore: Yes No River Mile Marker:

Tributary of: Water Supply Contaminated: Yes No Unknown

Water Temperature: Units:

Wave Condition: Speed: Units: Direction:

**SHEEN INFORMATION**

Sheen Length: Units: Sheen Width: Units:

Color: Direction of Movement:

Odor Description:

### IMPACT INFORMATION

Medium Affected:

Detailed Medium Information:

<b>Fire:</b>	Yes	No	Unknown	<b>Fire Extinguished:</b>	Yes	No	Unknown
<b>Injuries:</b>	Yes	No	Unknown	<b>Number of Injuries:</b>			
				<b>Number to Hospital:</b>			
				<b>Rail Employee Injuries:</b>			
				<b>Rail Passenger Injuries:</b>			
<b>Fatalities:</b>	Yes	No	Unknown	<b>Number of Fatalities:</b>			
				<b>Employee Fatalities:</b>			
				<b>Passenger Fatalities:</b>			
				<b>Vehicle Fatalities:</b>			
<b>Evacuations:</b>	Yes	No	Unknown	<b>Number Evacuated:</b>			
				<b>Radius/Area in Miles:</b>			
				<b>Who was Evacuated:</b>			
<b>Damages:</b>	Yes	No	Unknown	<b>Damage in Dollars:</b>			
<b>Road Closed:</b>	Yes	No	Unknown	<b>Road:</b>			
				<b>Major Artery:</b>	Yes	No	
				<b>Hours Closed:</b>			
				<b>Direction of Closure:</b>			
<b>Track Closed:</b>	Yes	No	Unknown	<b>Track:</b>			
<b>Passengers Transferred:</b>	Yes	No	Unknown	<b>Hours Closed:</b>			
				<b>Direction of Closure:</b>			
<b>Air Corridor Closed:</b>	Yes	No	Unknown	<b>Air Corridor:</b>			
				<b>Hours Closed:</b>			
<b>Waterway Closed:</b>	Yes	No	Unknown	<b>Waterway:</b>			
				<b>Hours Closed:</b>			
<b>Environmental Impact:</b>	Yes	No	Unknown	<b>Type of Impact:</b>			
				<b>Media Interest:</b>			

### WEATHER INFORMATION

Weather Conditions:

Air Temperature:

Wind Speed:

Unit:

Wind Direction:

### REMEDIAL ACTION INFORMATION

Remedial Action Taken:

Release Secured:	Yes	No	Unknown	Release Duration:	Unit:
------------------	-----	----	---------	-------------------	-------

Rate of Release:	Unit:	Per:
------------------	-------	------

**ADDITIONAL AGENCY INFORMATION**

Federal Agency Notified:	
State/Local Agency Notified:	
State/Local Agency On-Scene:	
State Agency's Report Number:	

**ADDITIONAL INFORMATION**

Additional Information: