

:: 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.

Is this a DRILL Report ? <input type="radio"/> YES <input checked="" type="radio"/> NO		E-Mail Address: <input type="text"/>	
REPORTING PARTY		SUSPECTED RESPONSIBLE PARTY	
Phone 1: <input type="text"/> Type: <input type="text"/>	Last Name: <input type="text"/>		
Last Name: <input type="text"/>	First Name: <input type="text"/>		
First Name: <input type="text"/>	Phone 1: <input type="text"/> Type: <input type="text"/>		
Phone 2: <input type="text"/> Type: <input type="text"/>	Phone 2: <input type="text"/> Type: <input type="text"/>		
Phone 3: <input type="text"/> Type: <input type="text"/>	Phone 3: <input type="text"/> Type: <input type="text"/>		
Company: <input type="text"/>	Company: <input type="text"/>		
Org Type: <input type="text"/>	Org Type: <input type="text"/>		
Address: <input type="text"/>	Address: <input type="text"/>		
<input type="text"/>	<input type="text"/>		
City: <input type="text"/>	City: <input type="text"/>		
State: <input type="text"/>	State: <input type="text"/>		
ZIP: <input type="text"/>	ZIP: <input type="text"/>		
Are you calling on behalf of responsible party:	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Are you or your company responsible for Material released:	<input type="radio"/> Yes <input checked="" type="radio"/> No		
INCIDENT DESCRIPTION			
Description of Incident: <input type="text"/>			
Incident Date: <input type="text"/> <input type="text"/> <input type="text"/> Time: <input type="text"/> Occurred/Discovered/Planned: <input type="text"/>			
Type of Incident: NON-RELEASE	Incident Cause: <input type="text"/>		
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 ☐ UnknownSubdivision: Mile Post: Transit Service Restored: Passenger Train Route: ☐ Yes ☐ No ☐ UnknownExpect Passenger Train Delay: ☐ Yes ☐ No ☐ Unknown

How does the Carrier plan to handle the passengers:

GRADE CROSSING DETAILSGrade Crossing Incident ? ☐ Yes ☐ No ☒ UnknownType of Vehicle Involved: Crossing Device: Device Operational ? ☐ Yes ☐ No ☐ UnknownDOT 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:	<input type="text"/>	Track Speed:	<input type="text"/>	Train Direction:	<input type="text" value="Choose Direction"/>
Suspected Non-Compliance with DOT Regulations ? : <input checked="" type="radio"/> Yes <input type="radio"/> No					
DERAILED DETAILS					
Car Number:	<input type="text"/>	Position:	<input type="text"/>	<input checked="" type="radio"/> Car <input type="radio"/> Locomotive	Cargo/Contents: <input type="text"/>
Car Number:	<input type="text"/>	Position:	<input type="text"/>	<input checked="" type="radio"/> Car <input type="radio"/> Locomotive	Cargo/Contents: <input type="text"/>
ALLISION DETAILS					
Allision Involved: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unkown			Structure Type: <input type="text" value="Choose"/>		
Structure Name: <input type="text"/>			Structure Operational <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
MATERIAL INVOLVED					
MATERIAL #1					
Material:	<input type="text"/>	CHRIS Code:	<input type="text"/>	CAS Code:	<input type="text"/>
Amount Released:	<input type="text"/>	Units:	<input type="text" value="Choose Unit"/>	Amount in Water:	<input type="text"/>
				Units:	<input type="text" value="Choose Unit"/>
MATERIAL #2					
Material:	<input type="text"/>	CHRIS Code:	<input type="text"/>	CAS Code:	<input type="text"/>
Amount Released:	<input type="text"/>	Units:	<input type="text" value="Choose Unit"/>	Amount in Water:	<input type="text"/>
				Units:	<input type="text" value="Choose Unit"/>
MATERIAL #3					
Material:	<input type="text"/>	CHRIS Code:	<input type="text"/>	CAS Code:	<input type="text"/>
Amount Released:	<input type="text"/>	Units:	<input type="text" value="Choose Unit"/>	Amount in Water:	<input type="text"/>
				Units:	<input type="text" value="Choose Unit"/>
MATERIAL #4					
Material:	<input type="text"/>	CHRIS Code:	<input type="text"/>	CAS Code:	<input type="text"/>
Amount Released:	<input type="text"/>	Units:	<input type="text" value="Choose Unit"/>	Amount in Water:	<input type="text"/>
				Units:	<input type="text" value="Choose Unit"/>
MATERIAL #5					
Material:	<input type="text"/>	CHRIS Code:	<input type="text"/>	CAS Code:	<input type="text"/>
Amount Released:	<input type="text"/>	Units:	<input type="text" value="Choose Unit"/>	Amount in Water:	<input type="text"/>
				Units:	<input type="text" value="Choose Unit"/>
MATERIAL IN WATER INFORMATION					
Body of Water Affected:	<input type="text"/>	Offshore:	<input type="radio"/> Yes <input checked="" type="radio"/> No	River Mile Marker:	<input type="text"/>
Tributary of:	<input type="text"/>	Water Supply Contaminated:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown		
Water Temperature:	<input type="text"/>	Units:	<input type="text" value="Choose Unit"/>		
Wave Condition:	<input type="text" value="Choose Condition"/>	Speed:	<input type="text"/>	Units:	<input type="text" value="Choose Unit"/>
		Direction:	<input type="text" value="Choose Direction"/>		
SHEEN INFORMATION					
Sheen Length:	<input type="text"/>	Units:	<input type="text" value="Choose Unit"/>	Sheen Width:	<input type="text"/>
		Units:	<input type="text" value="Choose Unit"/>		
Color:	<input type="text" value="Choose Color"/>	Direction of Movement:	<input type="text" value="Choose Direction"/>		

Odor Description: <input type="text"/>		
IMPACT INFORMATION		
Medium Affected: <input type="text"/>		Detailed Medium Information: <input type="text"/>
Fire:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	Fire Extinguished: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Injuries:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	Number of Injuries: <input type="text"/> Number to Hospital: <input type="text"/> Rail Employee Injuries: <input type="text"/> Rail Passenger Injuries: <input type="text"/>
Fatalities:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	Number of Fatalities: <input type="text"/> Employee Fatalities: <input type="text"/> Passenger Fatalities: <input type="text"/> Vehicle Fatalities: <input type="text"/>
Evacuations:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	Number Evacuated: <input type="text"/> Radius/Area in Miles: <input type="text"/> Who was Evacuated: <input type="text"/>
Damages:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	Damage in Dollars: <input type="text"/>
Road Closed:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	Road: <input type="text"/> Major Artery: <input type="radio"/> Yes <input checked="" type="radio"/> No Hours Closed: <input type="text"/> Direction of Closure: <input type="text"/>
Track Closed:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	Track: <input type="text"/> Hours Closed: <input type="text"/> Direction of Closure: <input type="text"/>
Passengers Transferred:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	
Air Corridor Closed:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	Air Corridor: <input type="text"/> Hours Closed: <input type="text"/>
Waterway Closed:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	Waterway: <input type="text"/> Hours Closed: <input type="text"/>
Environmental Impact:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown	Type of Impact: <input type="text"/>
		Media Interest: <input type="text"/>

WEATHER INFORMATION		
Weather Conditions: <input type="text"/>	Air Temperature: <input type="text"/>	<input type="text"/>
Wind Speed: <input type="text"/>	Unit: <input type="text"/>	Wind Direction: <input type="text"/>
REMEDIAL ACTION INFORMATION		
Remedial Action Taken: <input type="text"/>		

Release Secured:	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Unknown	Release Duration:	<input type="text"/>	Unit:	<input type="text" value="Choose Rat"/>
Rate of Release:	<input type="text"/>	Unit:	<input type="text" value="Choose Unit"/>	Per:	<input type="text" value="Choose Rat"/>		
ADDITIONAL AGENCY INFORMATION							
Federal Agency Notified:	<input type="text"/>						
State/Local Agency Notified:	<input type="text"/>						
State/Local Agency On-Scene:	<input type="text"/>						
State Agency's Report Number:	<input type="text"/>						
ADDITIONAL INFORMATION							
Additional Information:							
<input type="text"/>							