:: 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	n as completely as possible.	
Is this a DRILL Report ? O YES O NO	E-Mail Address:	
REPORTING PARTY	SUSPECTED RESPONSIBLE PARTY	
Phone 1: Type: Phone Type	Last Name:	
Last Name:	First Name:	
First Name:	Phone 1: Type: Phone Type	
Phone 2: Type: Phone Type	Phone 2: Type: Phone Type	
Phone 3: Type: Phone Type	Phone 3: Type: Phone Type	
Company:	Company:	
Org Type: Organization Type	Org Type: Organization Type	
Address:	Address:	
City:	City:	
State: Choose State	State: Choose State	
ZIP:	ZIP:	
Are you calling on behalf of responsible party:	O Yes • No	
Are you or your company responsible for Material released:		
INCIDENT DESCRIPTION		
Description of Incident:		
Incident Date: Day Month 2017 Time: Occurred/Discovered/Planned: Choose ODF		
Type of Incident: NON-RELEASE Incident Cause: Choose Cause		
INCIDENT L	OCATION	

Location Description:		
Address Location:	State: Choose State	
	County:	
	ZIP:	
Nearest City: Distance from Nearest City:	Units: Choose Uni	
Direction: Choose Directio Range: Section:	Township:	
Latitude: Degrees: Minutes: Seconds: 0	Quadrant: Choose Quadra	
	Quadrant: Choose Quadra	
RAILROAD	DETAILS	
Brake Failure Incident ?: O Yes O No O Unknown	Subdivision: Mile Post:	
Transit Service Restored: Day Month 2017 Passenge	r Train Route: O Yes O No O Unknown	
Expect Passenger Train Delay: O Yes O No O Unknown	How does the Carrier plan to handle the passengers:	
GRADE CROSS	SING DETAILS	
Grade Crossing Incident ? ○ Yes ○ No ● Unknown	Type of Vehicle Involved: Choose Vehicle	
Crossing Device: Choose Device	Device Operational ? O Yes O No O Unknown	
DOT Crossing Number:		
Was Federal Post Accident 219.201 Subpart C Testing Performed?	Yes O No O Unknown	
NUMBER OF JOB	TITLES TESTED	
Conductors:	Yard Foremen:	
Engineers:	RCL Operators:	
Trainmen:	Brakemen:	
Titles and Numbers Unknown:		
TRAIN DETAILS		
Railroad Name: Train Type: Choose Train Typ Train Number/Name:		
Number of Locomotives: Number of Cars:	Number of Derailed:	
Train Speed: Track Speed:	Train Direction: Choose Directio	
Railroad Name: Choose Train Tyl Train Number/Name:		
Number of Locomotives: Number of Cars:	Number of Derailed:	

MATERIAL #4 Material: CHRIS Code: CAS Code:	Train Speed: Train Direction: Choose Directio		
Car Number: Position: O Car Locomotive Cargo/Contents: ALLISION DETAILS Allision Involved: O Yes O No O Unkown Structure Type: Choose Structure Name: Structure Operational O Yes O No O Unknown MATERIAL INVOLVED MATERIA	Suspected Non-Compliance with DOT Regulations ?: Yes O No		
Car Number: Position: O Car O Locomotive Cargo/Contents: ALLISION DETAILS Allision Involved: O Yes O No O Unkown Structure Type: Choose Structure Name: Structure Operational O Yes O No O Unknown MATERIAL INVOLVED MATERIAL INVOLVED MATERIAL INVOLVED MATERIAL #1 Material: Choose Unit Amount in Water: Units: Choose Unit MATERIAL #2 Material: Choose Unit Amount in Water: Units: Choose Unit MATERIAL #3 Material: Choose Unit Amount in Water: Units: Choose Unit MATERIAL #3 Material: Choose Unit Amount in Water: Units: Choose Unit MATERIAL #3 Material: Choose Unit Amount in Water: Units: Choose Unit MATERIAL #4 Material: Choose Unit Amount in Water: Units: Choose Unit MATERIAL #4 Material: Choose Unit Amount in Water: Units: Choose Unit MATERIAL #4 Material: Choose Unit Amount in Water: Units: Choose Unit MATERIAL #5 Material: Choose Unit Amount in Water: Units: Choose Unit MATERIAL #5 Material: Choose Unit Amount in Water: Units: Choose Unit MATERIAL #5 Material: Choose Unit Amount in Water: Units: Choose Unit MATERIAL #5 Material: Choose Unit Amount in Water: Units: Choose Unit MATERIAL IN WATER INFORMATION Body of Water Affected: Offshore: Offshore: Offshore: Offshore Offshore: Offshore Offshor	DERAILED DETAILS		
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Sheen Length: Units: Choose Uni Sheen Width: Units: Choose Uni	Wave Condition: Choose Conditic Speed: Units: Choose Uni Direction: Choose Directio		
	SHEEN INFORMATION		
Color: Choose Color Direction of Movement: Choose Directio	Sheen Length: Units: Choose Uni Sheen Width: Units: Choose Uni		

Odor Description:			
IMPACT INFORMATION			
Medium Affected: Choose Med	Detailed Medium Information	n:	
Fire:	O Yes O No O Unknown	Fire Extinguished: O Yes O No O Unknown	
Injuries:	○ Yes	Number of Injuries: Number to Hospital: Rail Employee Injuries: Rail Passenger Injuries:	
Fatalities:	O Yes	Number of Fatalities: Employee Fatalities: Passenger Fatalities: Vehicle Fatalities:	
Evacuations:	○ Yes	Number Evacuated: Radius/Area in Miles: Who was Evacuated: Choose Who was Evacu	
Damages:	O Yes O No O Unknown	Damage in Dollars:	
Road Closed:	○ Yes	Road: Major Artery: O Yes O No Hours Closed: Direction of Closure: Choose Closure Direct	
Track Closed: Passengers Transferred:	O Yes O No O Unknown O Yes O No O Unknown	Track: Hours Closed: Direction of Closure: Choose Closure Direct	
Air Corridor Closed:	○ Yes	Air Corridor: Hours Closed:	
Waterway Closed:	O Yes	Waterway: Hours Closed:	
Environmental Impact:	O Yes O No O Unknown	Type of Impact: Choose Type of Impact	
		Media Interest: Choose Media Inter	
WEATHER INFORMATION			
Weather Conditions:	Air Temperature:	Choose Uni	
Wind Speed: Unit: Choose Uni Wind Direction: Choose Wind Directi			
REMEDIAL ACTION INFORMATION			
Remedial Action Taken:			

Release Secured: O Yes O No O Unknown Release Duration: Unit: Choose Rati		
Rate of Release: Unit: Choose Unit Per: Choose Rate		
ADDITIONAL AGENCY INFORMATION		
Federal Agency Notified:		
State/Local Agency Notified:		
State/Local Agency On-Scene:		
State Agency's Report Number:		
ADDITIONAL INFORMATION		
Additional Information:		

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