



**Fauquier County Department of Fire, Rescue and Emergency
Management
Hazardous Material Report**

Part I. Administrative **Senior Hazmat Officer To Complete**

Hazmat Unit(s): _____ Incident Number: _____
 Incident Type: _____ Level A B C D Date: _____
 Incident Location: _____ Time Out: _____ Time In: _____
 Incident Situation: _____

Actions Taken: _____

Responsible Party	Owner
Name:	Name:
Address:	Address:
Point of Contact:	Point of Contact:
Telephone:	Telephone:
Involved Parties:	Name of Supplier:
Name of Carrier:	Address:
Address:	Point of Contact:
Point of Contact:	Telephone:
Telephone:	Vehicle VIN:
Vehicle VIN:	Driver:
Driver:	

Additional Information: _____

THIS FORM IS TO BE COMPLETED AS SOON AS POSSIBLE AFTER INCIDENT HAS OCCURED

Senior Hazmat Incident Commander: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date Received: _____ Recoverable: YES NO
 Supplies ordered: _____ Date ordered: _____ Amount: _____
 Date Billed: _____ Amount Billed: _____ Payment Received: _____

