ORIGINAL

SDMS DocID 2228003

Response

ERNS INCIDENT NOTIFI TION REPORT

Regional Case Number: PA 92776

Reported (mm/dd/yy): 4-8-92	Time (HH/MM): 0900	Multiple Report: ☐	Regional Time (HH/MM):
Recorded By: J. Matsinger		Multiple Regional Case Number:	
Through NRC: ☐	NRC Case Number: NONE	SSI Report: ☐	CR Number:

A. REPORTER (Primary Act)

Confidentiality Requested: ☐ *Reported By: George English

Organization Name: EPA - OSC

ORIGINAL (Red)

Organization: (Check One) ☐ Discharger ☐ Public ☐ State ☐ Local ☑ Federal ☐ Unknown

*Address: 841 Chestnut St. *Phone: 215 597-8250 ext.:

City: Phila County: State: Pa Zip: 19107

B. DISCHARGER Same As A ☐ Organization: (Check One) ☐ Private Co. ☐ Public ☐ State ☐ Local ☐ Federal ☐ Unknown

Discharger Name: Community College of Phila Phone: ( ) ext.:

Contact Name: 2nd Phone: ( ) ext.:

Address: ~~Facility ID Number:~~

City: Phila County: State: Pa Zip:

C. INCIDENT LOCATION Same As A ☐ Same As B ☒ Street or Approx. Location: along 14th St. side of College

City: County: State: Zip: Milepost:

D. DATE Discovery Date (mm/dd/yy): 4-7-92 Spill Date (mm/dd/yy): 6-7 mths Spill Time (HH/MM):

E. MATERIAL Material Type: (Check One) ☐ Unknown ☐ Oil ☐ Haz Sub. ☒ Other

Material Name	CHRIS	CAS No.	UN DOT No.	Quantity	Units (Circle One)	Quantity In Water
1. Bio-Waste				unk	lb bbl drm unk gal ton oth	
2.					lb bbl drm unk gal ton oth	
3.					lb bbl drm unk gal ton oth	

F. SOURCE Source of Spill: (Check Any) ☐ Highway ☐ Air Transport ☐ Railway ☐ Vessel ☐ Pipeline ☐ Offshore ☐ UST ☐ AST ☑ Fixed Facility ☐ Unknown ☐ Other

Vehicle ID or Carrier No.: Number of Tanks: Tank Capacity: Tank Units: (Circle One) lb bbl drm unk gal ton oth

Source Description: laboratory

G. MEDIUM Medium Affected: (Check Any) ☐ None ☐ Air ☐ Land ☐ Water ☐ Groundwater ☑ Within Facility ☐ Other ☐ Unknown

Waterway Affected:

H. CAUSE Reported Cause: (Check Any) ☐ Transportation Accident ☐ Equipment Failure ☑ Operational Error ☐ Natural Phenomenon ☐ Dumping ☐ Unknown ☐ Other

Cause Description: improper disposal of wastes

I. DAMAGE No. of Injuries: ☐ None No. of Deaths: ☐ None Property Damage>$50,000: ☐

J. ACTIONS Evacuation: ☐ Response Actions Taken: EPA/OSC alerted & will conduct site visit 4-8-92, along w/ City Health Dept.

K. NOTIFIED Caller Has Notified: (Check Any) ☑ State/Local ☐ Discharger ☐ USCG ☐ Other ☐ Unknown

Agency Name: City Health & EPA/ATSDR Rep.

L. COMMENTS Comments:

Additional Information (See Reverse Side) ☑

M. RESPONSE AND EVALUATION Response Comments:

Agency Name: EPA/TAT (Check One) ☐ Local ☐ State ☐ Discharger ☑ Federal ☐ EPA ☐ Other ☐ Unknown

Agency Name: City Health (Check One) ☑ Local ☐ State ☐ Discharger ☐ Federal ☐ EPA ☐ Other ☐ Unknown

Agency Name: (Check One) ☐ Local ☐ State ☐ Discharger ☐ Federal ☐ EPA ☐ Other ☐ Unknown