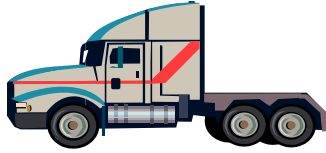


SCHUYLKILL COUNTY EMA
 TRANSPORT VEHICLE – RESPONSIBLE PARTY
 DATA COLLECTION GUIDE



CONDITION OR SITUATION OF CAB

Is the cab upright? Yes No

Is the cab on fire? Yes No

Fuel Tanks –

In tact Leaking

Breached Torn from unit

Fuel Loss Estimate: _____

Other engine fluids leaking: _____

Are fluids leaking to road surface? Yes No

Have fluids leaked onto soil, grass or gravel? Yes No

Have fluids leaked into a water source? Yes No
 (explain below)

Have fluids leaked into storm drain / culvert? Yes No
 (explain below)

Is there run off from rain or firefighting operations?

Rain FF Ops

CONDITION OR SITUATION OF TRAILER or BOX

Is the trailer upright? Yes No

Is the trailer on fire? Yes No

Is the cargo still in the trailer? Yes No

(If no explain)

Are the contents of the trailer leaking to.....

Air Ground Water

Do you have the shipping papers? Yes No

Is the driver available and unhurt? Yes No

Has the carrier's dispatch center been notified?

Yes No

Carrier's H.M. Coordinator: _____

Phone: _____

Tow Company: _____

ETA: _____ Phone: _____

Spill Clean-up Company: _____

ETA: _____ Phone: _____

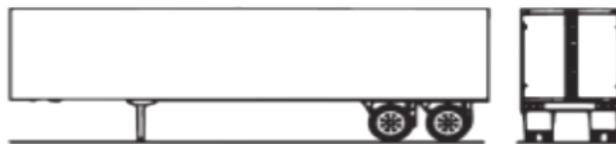
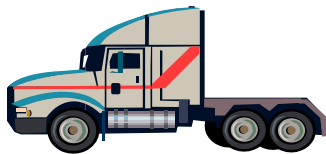
LOCATION AND WEATHER INFORMATION

ROADWAY: _____ **Travel direction:** _____ **MILE MARKER:** _____ **LANDMARK:** _____

TEMPERATURE: _____ **PRECIPITATION:** RAIN SNOW SLEET FREEZING RAIN HAIL FOG

LAT / LON: _____

SCHUYLKILL COUNTY EMA
TRANSPORT VEHICLE – RESPONSIBLE PARTY
DATA COLLECTION GUIDE



INFORMATION ON DOOR or CAB

Carrier Name:

Owner:

PUC #

US DOT #

Vehicle # or I.D.

License Plate #:

State:

INFORMATION ON TRAILER or CARGO BOX

Carrier Name:

Owner:

PUC #

US DOT #

Vehicle # or I.D.

License Plate #:

State:

Placards:

INFORMATION OBTAINED FROM DRIVER / OPERATOR

Name:

Cell #:

Driver License # and State:

Employer:

Next Destination:

Last Pick up or Delivery:

Is the vehicle carrying food stuff? Yes No Is the vehicle carrying hazardous materials? Yes No

Supervisor – Name & Number:

Phone Number into Logistics / Dispatch: