

**OTTAWA COOPERATIVE ASSOCIATION
ANHYDROUS AMMONIA INCIDENT REPORT**

Location: _____

Employee Reporting: _____

Date of Incident: _____ Time of Incident: _____ Duration: _____

Weather Conditions

Temperature: _____ Wind Direction: _____ Wind Speed: _____

Additional information: _____

The following responded to the incident:

Fire – EMS _____

Police – Sheriff _____

In-house Staff _____
(list employee's that responded)

Other: _____

List Local, State, Federal agencies that were notified:

Were there injuries as a result of this incident? ____ If yes, who: _____

If yes, treating physician/facility/first aide: _____

Injury Description: _____

Was there damage to property or equipment? _____

Description of Incident:

Recommendations or Corrective Actions to prevent recurrence:

Branch Manager: _____

signature

cc: Adrian Derousseau
Pat Rusher