

Hazardous Air Event Record Sheet

Please **TYPE** or **PRINT** When Filling Out This Form
(check any that apply)

<u>Your</u>	<u>Person Accepting Form</u>
First Name _____	First Name _____
Last Name _____	Last Name _____
Address _____	Title _____
City-State _____ - _____	Dept _____
ZIP _____	Phone _____
Phone _____	Date _____
LRBOI Member? _____	

Hazardous Air Event

County-State _____ - _____

Date (DD-MMM-YYYY) _____ - _____ Time _____

Wind Blowing From _____

Wind Speed (mph) _____

Color of the Air _____

Opacity (How transparent was the air?) _____

Odor (if any) _____

Symptoms (i.e. burning eyes) _____

Names of anyone else there _____

Anything not covered above _____
