



Mail Piece Spill or Leak Incident Report

A. Location

1. Facility Name	2. Facility Address
3. Facility ZIP + 4 Code	

B. Initial Spill/Leak Information

4. Date of Incident	5. Time of Incident	6. Location of Incident
7. Type of Incident (Check applicable)	<input type="checkbox"/> Gas Release <input type="checkbox"/> Liquid Release	<input type="checkbox"/> Solid Release <input type="checkbox"/> Powder Release <input type="checkbox"/> Other (Describe): _____
8. Material Type	<input type="checkbox"/> Toxic <input type="checkbox"/> Flammable	<input type="checkbox"/> Corrosive <input type="checkbox"/> Reactive <input type="checkbox"/> Radioactive <input type="checkbox"/> Biohazard <input type="checkbox"/> Other (Describe): _____
9. Name of Material (If known)	10. Hazard Class	
11. Initial Determination	12. Estimated Quantity Released	
<input type="checkbox"/> Incidental (Minor/nonemergency) <input type="checkbox"/> Emergency	Liquid: _____ Solid: _____	

C. Mail Piece Description (Attach additional sheet(s) as necessary)

13. Addressee (Complete name and address as shown)	14. Mailer (Complete name and address as shown)
15. Parcel Description (Size, contents, shipper's declaration, etc.)	16. Markings/Labels on Parcel
17. Mail Piece Characteristics (Check applicable)	<input type="checkbox"/> Unusual Odor <input type="checkbox"/> Broken Contents
18. Mail Class	<input type="checkbox"/> Stains/discoloration <input type="checkbox"/> Suspect Address <input type="checkbox"/> Other (Describe): _____
<input type="checkbox"/> Express Mail <input type="checkbox"/> Priority Mail <input type="checkbox"/> First-Class <input type="checkbox"/> Standard	Meter Strip No. (If applicable) _____ ZIP Code of Postmark _____ Other Identification (Unique no., Signature Conf., Delivery Conf.) _____

D. Narrative (Attach Cost Estimate Worksheet if required) *

19. Cause (Check applicable)	<input type="checkbox"/> Mechanization <input type="checkbox"/> Improper Handling	<input type="checkbox"/> Improper/Inadequate Packaging <input type="checkbox"/> Damaged in Transit <input type="checkbox"/> Other (Describe): _____
20. Impact	Personnel Evacuation? <input type="checkbox"/> Yes <input type="checkbox"/> No Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No Equipment Shutdown? <input type="checkbox"/> Yes <input type="checkbox"/> No Outside Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom? <input type="checkbox"/> Contractor <input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> EMS <input type="checkbox"/> Other (Describe): _____	
No. of People: _____ Duration (Hrs): _____ No. of USPS: _____ No. of Other (Describe): _____ Type: _____ Duration (Hrs): _____ Type of Assistance Provided: _____		

21. Personnel Involved

Name	Job Title	Action Taken	Contact Information
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22. Description of Incident (*Material identity, known hazards, condition at the scene, evacuation information, etc.*)

E. Notification & Follow-Up Action (This Section MUST Be Completed) **

23. Notifications

Department (IS, Safety, Environ., etc.) Contact Name Date Time

24. Was Material Mailable? <input type="checkbox"/> Yes <input type="checkbox"/> No		25. Was Mailer Notified? ** <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Material Category <input type="checkbox"/> Restricted <input type="checkbox"/> Hazmat <input type="checkbox"/> Perishable <input type="checkbox"/> Other (<i>Describe</i>): _____		27. Photographs Provided? (<i>Include with form</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Description of Follow-Up Actions (<i>USPS response</i>)			

29. Form Completed By

Print Name		Job Title	
Signature		Date	Work Phone

30. Manager Distribution Operations/Facility Manager

Print Name		Job Title	
Signature		Date	Work Phone

31. District Safety Review

Print Name		Job Title	
Signature		Date	Work Phone

F. General Instructions

The Manager Distribution Operations or Facility Manager must complete this report and, within 48 hours of any incident involving hazardous materials, forward copies to the agencies listed below (in addition, all appropriate accident forms shall be completed, as necessary).

Copy 1: SAFETY PERFORMANCE MANAGEMENT
UNITED STATES POSTAL SERVICE
475 L'ENFANT PLAZA SW RM 9801
WASHINGTON DC 20260-4261

Copy 2: AVIATION MAIL SECURITY
UNITED STATES POSTAL SERVICE
475 L'ENFANT PLAZA SW RM 6802
WASHINGTON DC 20260-7104

Copy 3: ENVIRONMENTAL MANAGEMENT POLICY
UNITED STATES POSTAL SERVICE
475 L'ENFANT PLAZA SW RM 1P830
WASHINGTON DC 20260-2810

Copy 4: Local Inspector in Charge

Copy 5: File Locally

Specific Instructions

A. Location

Include the Facility Name (1), the Facility Address (2), and the Facility ZIP+4 (3) in the appropriate fields.

B. Initial Spill/Leak Information

Insert the exact Date (4), Time (5), and Location (6) of the incident.

Provide specific details of the incident by marking the applicable check box: Type of Incident (7), Material Type (8). Include the Name of the Material (9), the Hazard Class (10), the Initial Determination (11), and the Estimated Quantity Released as a liquid or a solid (12).

C. Mail Piece Description

Include detailed information regarding the Addressee (13) and the Mailer (14) as shown on the mail piece.

Include a copy of the Shipper's Declaration, if present.

Parcel Description (15) Indicate the size of the parcels, outer packing material (e.g. cardboard), amount of materials in parcel (e.g. 12 quarts), the type of inner containers (e.g. glass bottles).

Markings/Labels (16) Include any markings or labeling on the package (e.g. DANGER Hazardous Materials).

Characteristics (17) Select the appropriate box to indicate any applicable mail piece characteristics.

Mail Class (18) Include information on the mail class the piece belongs to, the Meter Strip Number, the ZIP Code of the Postmark, and any other identification.

D. Narrative

Cause (19) Check the appropriate box as to the cause of the incident.

Impact (20) Select the correct box to describe the impact that the spill/leak had on operations. Included are the duration of work stoppage, due to evacuation and equipment shutdown, injuries (both USPS and non-USPS, if applicable), and if any outside assistance was provided.

Personnel Involved (21) Provide the information requested such as the name, job title, action(s) taken, and contact information (phone #, address, business card) of personnel on the scene.

Incident Description (22) Provide a **detailed** description of the incident. Use a blank sheet of paper if you need more space and attach a copy of each page to this form.

E. Notification & Follow-Up Action

Notifications (23) List any Departments notified of the incident. Include the contact name and the date/time of notification.

Mark the appropriate check box to indicate whether the material was available (24), if the mailer was notified (25), the category of the material (26), and if photographs are provided with the form (27).

Provide a description of any follow-up actions taken by the USPS to prevent future incidents of this type (28).

Incident Reports must be filed when a mailed item produces injury, illness, significant property damage, or disruption to operations.

Refer to Management Instruction EL-810-96-1, *Response to Hazardous Materials Releases*, regarding requirements for customer notification.

Refer to Publication 52, *Hazardous, Restricted, and Perishable Mail, and Domestic Mail Manual* for guidance on acceptability, packing, marking, shipper's declaration, or other requirements related to mailability, and material category.

The signatures of the individual filling out the form (29) and the Manager Distribution Operations/Facility Manager (30) are required as well as that of the individual providing the District Safety Review (31).