



TRANSPORTATION OF DANGEROUS GOODS 30-DAY FOLLOW-UP REPORT

PART I: REPORTING TIMELINE			
1. Please provide applicable dates and check one box Date of initial report to CANUTEC (yyyy-mm-dd): _____ 30-Day Follow-up Report submission date (yyyy-mm-dd): _____ <input type="radio"/> 30-Day Follow-up Report <input type="radio"/> Update or amendment to 30-Day Follow-up Report • Date original 30-Day Follow-up Report submitted (yyyy-mm-dd): _____			FOR INTERNAL USE ONLY Road, Rail or Marine Reports <input type="radio"/> Release <input type="radio"/> Anticipated Release Air Report <input type="radio"/> Dangerous Goods Accident or Incident
PART II: CONTACT INFORMATION			
2. Information of the person completing this report <input type="radio"/> Consignor <input type="radio"/> Consignee <input type="radio"/> Carrier/Aircraft Operator <input type="radio"/> Other (specify): _____			
First Name	Last Name	Title	
Telephone number (999-999-9999)	Company Name		
Country	Province/Territory/State	Address	
City	Postal/Zip Code	Email	
3. Information on the Consignor, Consignee and Carrier/Aircraft Operator			
Consignor			
First Name	Last Name	Title	
Telephone number (999-999-9999)	Company Name		
Country	Province/Territory/State	Address	
City	Postal/Zip Code	Email	
Consignee			
First Name	Last Name	Title	
Telephone number (999-999-9999)	Company Name		
Country	Province/Territory/State	Address	
City	Postal/Zip Code	Email	
Carrier/Aircraft Operator			
First Name	Last Name	Title	
Telephone number (999-999-9999)	Company Name		
Country	Province/Territory/State	Address	
City	Postal/Zip Code	Email	

PART III: INCIDENT INFORMATION			
4. Please indicate the date and time of the incident			
Date (yyyy-mm-dd)	Hours	Minutes	
5. Geographic location of the incident			
Address	City	Province/Territory	Postal code (A1A 1A1)
GPS Position			
Latitude	Longitude		Other
If the incident occurred by rail, please indicate the milepost and subdivision		If the incident happened on First Nations Territory, please indicate the Territory name	
Origin of consignment		Destination of consignment	
<input type="radio"/> Same address as consignor <input type="radio"/> Same address as consignee <input type="radio"/> Other (please provide address)		<input type="radio"/> Same address as consignor <input type="radio"/> Same address as consignee <input type="radio"/> Other (please provide address)	
City	Province/Territory	City	Province/Territory
6. Geographic Area (Check only one box)			
<input type="radio"/> Urban <input type="radio"/> Residential <input type="radio"/> Commercial <input type="radio"/> Industrial <input type="radio"/> Rural <input type="radio"/> Other (specify):			
7. Mode of Transport (Check all applicable boxes)			
<input type="checkbox"/> Marine <input type="checkbox"/> Road <input type="checkbox"/> Rail <input type="checkbox"/> Air			
Describe the location of the incident (Hospital , Gas Station, Terminal, etc.)			
8. If MARINE was checked on question 7, please indicate the position of the vessel and the next location at which the vessel will be at anchor or alongside a fixed facility			
Next location		Position	
9. Phase of Transport (Check only one box)			
<input type="radio"/> In-Transit Consignment moving between origin and destination		<input type="radio"/> Loading Consignment is being packed or loaded into a means of transport at origin	
<input type="radio"/> Unloading Consignment is being unpacked or unloaded from a means of transport at destination		<input type="radio"/> Temporary Storage Consignment is in short term storage pending transportation	
10. Type of Incident (check applicable boxes)			
Large means of Containment			
<input type="radio"/> Collision/Sideswipe Moving vehicles striking an object, animal, or another vehicle		<input type="radio"/> Derailment Railcar leaving the rail tracks	
<input type="radio"/> Ran off road Vehicle enters a soft shoulder, ditch or similar area		<input type="radio"/> Overturn Vehicle turning on its side or upside down	
<input type="radio"/> Loadshift Shifting of the consignment within a vehicle			
Small Means of Containment			
<input type="radio"/> Struck Means of containment being struck by another object		<input type="radio"/> Dropped Means of containment falling unexpectedly	
11. Type of Release (check all applicable boxes)			
<input type="checkbox"/> Spill Quick, immediate discharge, emission or escape		<input type="checkbox"/> Leak Slow, sporadic or continuous discharge, emission or escape	
<input type="checkbox"/> Explosion Violent sudden release of energy from means of containment producing a shock wave that may result in fragment projection and/or fire ball		<input type="checkbox"/> Fire Burning substances combined with oxygen to typically produce flame, heat and smoke	
<input type="checkbox"/> BLEVE Boiling Liquid Expanding Vapour Explosion		<input type="checkbox"/> Vapour Dispersion in air of particles of a substance that is liquid or solid in its normal state	
<input type="checkbox"/> Venting Controlled release of gas into the environment		<input type="checkbox"/> Anticipated Release Distressed means of containment that is not leaking, venting or otherwise releasing its contents	

UN Number	Shipping Name	Primary Class	Subsidiary Class(es)	Packing Group or Category	Total Quantity in MOC Before the Release or Anticipated Release	Units (kg, L, etc.)	Estimated Quantity Released (if applicable)	Units (kg, L, etc.)

12. Means of Containment

Please provide a description of the means of containment involved in the incident by completing the appropriate forms from Annex E of the Guide (TP15294)

- Annex E is completed
 Annex E is not completed

PART IV: CONSEQUENCES

13. Consequences of the incident (Check all applicable boxes)

NOTE: Refer to the Guide for more information on how to complete this section

- Injury Property (e.g. product loss, facility, equipment) Environmental (e.g. contamination of waterway, ground, air)

14. Evacuation of people and buildings/Shelter in place

Was there an Evacuation as a result of the incident? Yes No

Was there Shelter in place as a result of the incident? Yes No

If **Yes**, please complete the following table

Evacuation of People and Buildings/Shelter in Place	Private Residence Includes houses and other buildings used as dwellings (e.g. Retirement homes)	Public Buildings Includes libraries, hospitals, churches, government buildings, etc.	Workplace Includes warehouse, facility, etc.	Public (Outside) Areas Includes parks, playgrounds, parking lots, etc.
Estimated number of people evacuated				
Estimated number of people sheltered in place				
Estimated number of buildings evacuated				
Size of Evacuation area	Duration of Evacuation (hours)		Duration of Shelter in place (hours)	
Square meters Square feet				

Minor Injuries <input type="radio"/> Yes <input type="radio"/> No Number of injured requiring immediate first aid treatment at the scene		
Attributed to Dangerous Goods	Attributed to incident	Total
Moderate Injuries <input type="radio"/> Yes <input type="radio"/> No Number of injured requiring immediate emergency treatment in hospital and release shortly after		
Attributed to Dangerous Goods	Attributed to incident	Total
Major Injuries <input type="radio"/> Yes <input type="radio"/> No Number of injured requiring immediate treatment with overnight hospitalization		
Attributed to Dangerous Goods	Attributed to incident	Total
Deaths <input type="radio"/> Yes <input type="radio"/> No Number of deaths		
Attributed to Dangerous Goods	Attributed to incident	Total
15. Please indicate an estimate of costs in Canadian dollars associated with the incident, as applicable NOTE: Refer to the Guide for more information on how to fill this section		
1 Material loss of dangerous goods: The cost of transported Dangerous Goods lost or released in the incident. Please do not include the value of any dangerous goods successfully recovered.		
2 Damage incurred by the carrier: The cost of damages that were sustained by the means of transport, or the means of containment and equipment holding the Dangerous Goods.		
3 Damage to property: The cost of damages that were sustained by stationary land property and infrastructure, regardless of ownership.		
4 Emergency response cost: The cost of the response services, including Remedial Measures Specialists (RMSs) that partook in the immediate remediation of the incident as defined in one's ERAP.		
5 Cleanup cost: The cost of the restoring the scene of incident, including removing damaged property, addressing released Dangerous Goods product, and resolving a contaminated environment.		
		Total cost
16. Infrastructure closure and duration (please use additional sheets for multiple closures) Was there an infrastructure closure as a result of the incident? <input type="radio"/> Yes (If Yes , please complete the following table) <input type="radio"/> No		
Type	Duration of the closure (in hours)	
<input type="checkbox"/> Aerodrome – Area of land, water or other supporting surface used either in whole or in part for arrival and departure, movement or servicing of aircraft includes any building, installations and equipment situated thereon or in connection therewith		
<input type="checkbox"/> Air cargo facility – Facility used to receive or transfer cargo carried or to be carried by an aircraft		
<input type="checkbox"/> Facility – Permanent or temporary building or a portion of a building or equipment used in loading or unloading of dangerous goods		
<input type="checkbox"/> Railway – Tracks used by trains		
<input type="checkbox"/> Waterway – Navigable body of water through which a ship or boat can move		
<input type="checkbox"/> Roadway – The strip of land over which motor vehicles circulate, such as dirt road, numbered provincial highway or multiple lane freeway		
<input type="checkbox"/> Runway – the strip of ground on a landing field that aircraft use for landing or takeoff		
17. ERAP Requirements Was an ERAP required under Part 7 of the <i>Transportation of Dangerous Goods Regulations</i> ? <input type="radio"/> Yes <input type="radio"/> No If Yes , please complete the following		
ERAP Reference Number	ERAP Holder	
Address		

City	Province/Territory	Postal code (A1A 1A1)	Telephone of ERAP Holder (999-999-9999)	
Email				
Level of Response (check all that apply)				
<input type="checkbox"/> No response	<input type="checkbox"/> First responders on scene	<input type="checkbox"/> Phone call to ERAP holder	<input type="checkbox"/> Employee from ERAP holder	<input type="checkbox"/> Team from ERAP holder
<input type="checkbox"/> Other: _____				

PART V: INCIDENT DESCRIPTION

21. Please describe:

- The sequence of events that led to the incident
- The means of containment damage or failure, including the size/location of holes, cracks, etc.
- The actions taken at the time it was discovered
- What was done to mitigate the effects of the release
- Contributing factors (e.g. human error, mechanical, equipment, packaging, infrastructure, external, weather, etc.)
- The physical environment (e.g. residential, commercial, industrial, etc.)
- The road's appearance (e.g. flat, straight, inclined, curved, intersection, etc.)
- Timeline of event (e.g. how long it lasted, time of release or discovery, time of first responder arrival, etc.)
- Communications with first responders and with your organization

Photographs and diagrams should be submitted, as required, for clarification. Estimate the duration of the release, if possible. Please use additional sheets if necessary.

NOTE: Refer to the Guide for more information on how to complete this section

PART VI: INCIDENT DESCRIPTION – AIR ONLY

22. Please describe:

- Any serious jeopardy to persons on any aircraft or aircraft itself
- Any damages to property or environment
- The route by which the dangerous goods were to be or have been transported, including the name of any aerodromes along the route

Aircraft Operator

Air Cargo Facility