ATTACHMENT B: SPILL OR RELEASE NOTIFICATION

FACILITY NAME:	REPORT DATE:
	ra Energy Transmission West, LLC niverse Boulevard Beach, Florida 33408
FACILITY ADDRESS:	
CITY/COUNTY:	ZIP CODE:
DATE/YEAR OF INITIAL OPERATION:	
MAXIMUM STORAGE/HANDLING CAPA	ACITY
OF THE FACILITY:	NORMAL DAILY THROUGHPUT:
1. RELEASE INFORMATION	
LOCATION/AREA:	
RELEASE: On-Site Off-Site Wate	rway Air Ground Other
DATE AND TIME OF INCIDENT:	
MATERIALS RELEASED:	
PHYSICAL STATE: Solid Liquid	Gas
ESTIMATED AMOUNT RELEASED:	DURATION OF RELEASE:
	ANALYSIS OF SYSTEM/SUB-SYSTEM IN WHICH THE FAILURE
2. CORRECTIVE ACTION SUMMARY	Y
CONTAINMENT:	
EQUIPMENT AND/OR REPLACEMENT:_	
PREVENTION OF POSSIBILITY OF RECU	JRRENCE:
CLEANUP:	
TIME AND DATE CLEANUP COMPLETE	D:
WASTE SAMPLES TAKEN:	
QUANTITY AND DISPOSITION OF WAST	TES:

3. HAZARD ASSESSMENT

HUMAN HEALTH:

Acute or Immediate ____ Chronic or Delayed ____ Unknown ____

PROPERTY:

ENVIRONMENT:_____

4. RECORDABLE OR REPORTABLE INFORMATION

RECORDABLE INCIDENTS: Complete Sections 1-3 above and sign below.

REPORTABLE INCIDENTS: Complete the entire Spill Report, including the agency contact information below:

AGENCY	CONTACT NAME:	DATE	TIME
County:			
Local Fire Dept.:			
CAL-EPA:			
OES:			
NRC:			
RWQCB:			
ARB:			
Signature:			
Print Name/Title:		Telephone #	