

CHEMET Alert Form A

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Notification of a Chemical Emergency

Please confirm request for CHEMET service on the EMARC emergency phone
When complete Fax to EMARC duty forecaster on

1. Notification Made by		of		Police/Fire
2. Chemet Initiation date/Time	Date		Time	
3. Call Back Numbers		Tel		
Contact number to send forecast to		Fax		
E-mail address (not essential)				
4. Location of incident (Please supply 12-figure OS grid Ref)		East:		
		North:		
Name and Address of Site (if Known)				
Other relevant site details				
5. Date and time of release	Date		Time	
6. Name of Chemical involved (for Info only)				

H.B Chemet assumes Neutral Buoyancy

For Sections 7 to 9 please tick appropriate box

7. Site Characteristics	Urban	<input type="checkbox"/>	Rural	<input type="checkbox"/>	Coastal	<input type="checkbox"/>				
8. Nature of Release	Continuous	<input type="checkbox"/>	Instantaneous	<input type="checkbox"/>	Fire at Site	<input type="checkbox"/>				
9. Site weather details (If Known)										
Wind direction from:	N	<input type="checkbox"/>	NE	<input type="checkbox"/>	E	<input type="checkbox"/>				
					SE	<input type="checkbox"/>				
						S	<input type="checkbox"/>			
	SW	<input type="checkbox"/>	W	<input type="checkbox"/>	NW	<input type="checkbox"/>	In degrees if known.....			
Wind speed	Calm / no wind	<input type="checkbox"/>	Light	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Strong	<input type="checkbox"/>		
Approx. cloud cover	Nil	<input type="checkbox"/>	¼ cover	<input type="checkbox"/>	½ cover	<input type="checkbox"/>	¾ cover	<input type="checkbox"/>	Full cover	<input type="checkbox"/>
Weather	Dry	<input type="checkbox"/>	Rain	<input type="checkbox"/>	Snow	<input type="checkbox"/>	Fog	<input type="checkbox"/>		
Is there snow lying?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						

10. Other Remarks