



AIR PLUME TRAJECTORY REQUEST FORM

THE RESPONSE GROUP

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COMPANY INFORMATION

Company Name: _____

* Company Contact Name: _____

* Phone #: _____

Alternate # (ie: Mobile, Pager): _____

Fax #: _____

* Email Address: _____

SOURCE INFORMATION

* Source Type (Select):	<input type="checkbox"/> Liq. gas (pressurized) <input type="checkbox"/> Liq. gas (refrigerated) <input type="checkbox"/> Compressed gas
Source Name :	_____

Latitude: _____ Longitude: _____

* Date & Time of Incident (mm/dd/yy): ____ / ____ / ____ : ____ (Military)

* Chemical Name or Solution _____ * Terrain: _____

* Estimated Volume of Release: _____ Unit of Measure: _____

Continuous Release Rate: _____/hr How Long: _____ hrs.

* Chemical Temperature: _____ * Burning: _____ * Source Pressure: _____

* Type of release: _____ * Height of release: _____ Unit of Measure: _____

* Pipeline Length (between valves): _____ Unit of Measure: _____

* Pipeline Diameter: _____ Unit of Measure: _____

* Diameter of the hole where chemical is being released: _____ Unit of Measure: _____

Berm dimensions: _____

ASSORTED PARAMETERS

Puddle Area or Diameter : _____ Puddle Volume, Depth or Mass: _____

Tank Shape: _____

Tank Dimensions: _____ Percent Full: _____

Opening Diameter: _____ Type of Opening: _____

Levels of Concern (ppm): _____

Nearby Structure of Concern: _____

Desired Output: _____

ENVIRONMENTAL CONDITIONS

Wind Direction (from the): _____ Wind Speed: _____

Humidity: _____ Cloud Cover: _____

Air Temperature: _____ ° Ground Temperature: _____ °
