



General Order Number: 09-04	Effective Date: January 2010
Division: Special Operations	
Chapter: Sorbent Replenishment Procedures	
By Order of the Fire Chief: Marc S. Bashoor	Revision Date: N/A

POLICY

To establish standard operational guidelines for the use and replenishment of sorbent materials used at petroleum spills.

DEFINITIONS

Sorbent – material provided to adsorb or absorb spilled petroleum materials. There are a wide variety of sorbent materials commercially available.

MDE – Maryland Department of the Environment.

Sorbent Stockpile – minimum inventory of 70 bags of sorbent material stored in specific stations. Sorbent stockpiles are maintained to ensure the availability of additional sorbents for use at emergencies and for resupply of sorbents to apparatus following its use.

PROCEDURES / RESPONSIBILITIES

1. General Guidelines

Sorbent materials are provided to the Department on a periodic basis by the Maryland Department of the Environment (MDE). These sorbents are typically cellulose based sorbents design to absorb petroleum materials and repel water. These sorbents remain the responsibility of MDE and their use must be documented to ensure accountability for reimbursement and regulatory enforcement.

2. Requests for Additional Sorbent at Emergency Scenes

When additional sorbent materials are required at an emergency incident the Incident Commander shall request these materials through Public Safety Communications (PSC). The approximate number of bags of sorbent should be included in the request.

Sorbent is delivered directly to the emergency scene. A Spill Report form shall be completed, to include the incident number, quantity of sorbent delivered, and location of the incident. The Incident Commander or designated representative shall sign for sorbent on the scene.



3. Replenishing Sorbents

Sorbents can be replenished from the closest sorbent stockpile upon termination of the incident. It is the responsibility of the station requesting the sorbent to pick it up from the stockpile. Personnel from the stockpile station shall ensure that a completed MDE Spill Report is collected from the station requesting the sorbent to ensure accountability.

4. Stockpile Locations

Quantities of sorbent are available at the following stations:

- Station 827 – 70 bags
- Station 831 – 70 bags
- Station 843 – 70 bags

Additional quantities of sorbent are located at Stations 830, 841, and 845. These inventories are to ensure the availability of sorbents for restocking the hazardous materials response vehicles and shall not be utilized to replenish other apparatus.

5. Replenishing Stockpiles

It shall be the responsibility of the station where the sorbent stockpile is located to ensure that inventories are maintained and shall request additional sorbents when the stockpile reaches 35 bags. Sorbent shall be requested from the Hazardous Materials Coordinator. Stations shall provide completed MDE spill to the Hazardous Materials Coordinator when replenishing sorbent stockpiles.

The Hazardous Materials Coordinator or designated representative shall be responsible for coordination with MDE to ensure the continued availability of State supplied sorbents.

REFERENCES

N/A

FORMS / ATTACHMENTS

MDE Spill Report

MARYLAND DEPARTMENT of the ENVIRONMENT
 1800 WASHINGTON BOULEVARD
 BALTIMORE, MARYLAND. 21230
 (410) 537-3000
 1-800-633-6101 (within Maryland)
 http://www.mde.state.md.us



State of Maryland
 Department of the Environment
 Emergency Response Division
 1800 Washington Blvd. Suite #105
 Baltimore, Maryland. 21230-1721





24 HOUR SPILL REPORTING
 (Toll Free) 1-866-633-4686
 EMERGENCY RESPONSE OFFICE
 (410) 537-3975
 RESPONSE OFFICE FACSIMILE
 (410) 537-3932

PURSUANT TO THE PROVISIONS OF STATE LAW AND REGULATION; (COMAR 26.10.01.03) "A PERSON DISCHARGING OR PERMITTING THE DISCHARGE OF OIL, OR WHO EITHER ACTIVELY OR PASSIVELY PARTICIPATES IN THE DISCHARGE OR SPILLING OF OIL, EITHER FROM A LAND BASED INSTALLATION, INCLUDING VEHICLES IN TRANSIT, OR FROM ANY VESSEL SHIP OR BOAT OF ANY KIND, SHALL REPORT THE INCIDENT IMMEDIATELY TO THE ADMINISTRATION." " THE REPORT OF AN OIL SPILL OR DISCHARGE SHALL BE MADE TO THE ADMINISTRATION IMMEDIATELY, BUT NOT LATER THAN TWO HOURS AFTER DETECTION OF THE SPILL." *** FIRE DEPARTMENT PERSONNEL . SEE REVERSE ***

ADC Map Coord _____ Date of spill: Mo. ___ / Day ___ / Yr. 20 ___ Time of spill: ___ : ___ : ___ Hours (24 hour clock)
 Fire Department Report No.: _____ Police Department Report No.: _____

Location of spill - Street address: _____ _____ City / Town _____ MD County _____ Zip _____	Product Name: _____ <small>(Indicate Gasoline, Diesel, Heating Oil, Chemical Name or UN ID etc.)</small> Container Type: _____ <small>(Indicate AST, UST, Transformer, Saddle Tank, Drum etc.)</small>	Capacity of Vessel, Vehicle or Tank: _____ Gallons Amount <u>IN</u> Vessel, Vehicle or Tank: _____ Gallons Estimated Amount Spilled: _____ Gallons
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Transportation Incident: _____ <small>(Indicate Type of Auto, Truck, Train, Aircraft or Watercraft etc.)</small> Fixed Facility Incident: _____ <small>(Indicate Type of Industrial, Commercial, Residential etc.)</small>	<input type="checkbox"/> Contained on Land <input type="checkbox"/> Entered Storm Drain or Ditch <input type="checkbox"/> Entered Sanitary Sewer <input type="checkbox"/> Is Below Ground <input type="checkbox"/> Entered surface waters: _____ 	Vehicle Tag Number and State: _____ DOT or ICC MC Number: _____ Hull Numbers and Name: _____
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Person(s) Responsible for Spill: (Driver if Vehicle) Name: _____ Address: _____ City/State: _____ Zip: _____ Phone: _____ Drivers Lic.No. _____ State: _____	Be Sure to Complete Both Sections  Don't Forget to Sign Below	Company Responsible for Spill: (N/A if private citizen.) Name: _____ Address: _____ City/State: _____ Zip: _____ Phone: _____ Fed. Employer ID No. _____
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Cause of Spill: <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Personnel Error/Vandalism <input type="checkbox"/> Tank/Container/Pipe Leak <input type="checkbox"/> Mechanical Failure <input type="checkbox"/> Transfer Accident <input type="checkbox"/> _____	Identify All Groups that Participated in Spill Mitigation : <input type="checkbox"/> Responsible Party <input type="checkbox"/> MDE ERD # _____ # _____ <input type="checkbox"/> Federal : _____ <input type="checkbox"/> State : _____ <input type="checkbox"/> Local : _____ <input type="checkbox"/> Contractor: _____	Materials used by You to contain/clean-up spill: Sorbent Dust: _____ Bags Sorbent Pads: _____ each or bales Sorbent Booms: _____ each or bales Sorbent Sweeps: _____ each or bales Overpack Drums : _____ ea. Steel or Poly Other: _____
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Responsible Party : Describe circumstances contributing to the spill. (Additional space on back) [Optional for FD or Gov't Personnel]

Responsible Party : Describe Containment, Removal and Clean-up operations, including disposal. (Additional space on back) [Optional for FD or Gov't Personnel]

Responsible Party : Procedures, Methods and Precautions instituted to prevent recurrence of the spill. (Additional space on back) [Optional for FD or Gov't Personnel]

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF HIS OR HER KNOWLEDGE AT THE TIME THE REPORT WAS COMPLETED.
Print Name: _____ **Company or Fire Department:** _____
Address : _____ **City / State / Zip** _____
Telephone _____ **Signature** _____

