



This form is for Contractors to report Environmental Incidents, as defined by the Environmental Handbook for Contractors. For hazardous material releases, this form is in addition to contacting your Edison Representative and 844-GOT-SPIL or GOTSPILL@sce.com. For Environmental Incidents discovered by the Contractor, email completed form and any incident related documents to EHSync@sce.com and copy the relevant Edison Representative. For Environmental Incidents discovered by SCE, email completed form and any incident related documents to SCE personnel requesting information about the Environmental Incident.

Contractor Environmental Incident Reporting Form

Fields with an asterisk (*) are mandatory fields

Reporting Person

First Name: * Last Name: *
Phone: E-Mail:

Work Type: * Distribution
 SC&M
 Telecommunications
 Transmission
 Vegetation
 Other

Discipline: *

What happened and which immediate actions have been carried out?

Please describe the incident facts and avoid speculation or assignment of blame

Title / Brief Description: *

Detailed Description of Event/Incident: *

Immediate Actions Taken or Proposed:

Did this incident involve contractor? Yes No Unknown

Contractor's Company:

Notification Number:

Work Order Number:

When did it happen?

Date: * Time (military time): * Time Zone:

When did SCE find out about it?

Date: * Time (military time): * Time Zone:



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Where did it happen?

Address

Location: *	<input type="text"/>	Street/House Number:	<input type="text"/>
Area within Location: *	<input type="text"/>	City:	<input type="text"/>
Responsible Operating Unit:	<input type="text"/>	State:	<input type="text"/>
Change Request Number:	<input type="text"/>	Postal Code:	<input type="text"/>
Latitude:	<input type="text"/>	County:	<input type="text"/>
Longitude:	<input type="text"/>	Country:	<input type="text"/>

Agency Engagement Details:

This section is only required to be completed if you are reporting an Agency Engagement.

Was this an Unannounced visit? Yes No Unknown

Type of Actions: *

Regulatory Agency Name: *

SCE Escort:

Agency Representative:

Avian Details:

This section is only required to be completed if you are reporting an Avian Incident.

General Species: *

Specific Species:

Number of individuals:

Was pole or tower involved?:

Avian Incident Type: * Raptor Non-Raptor Nest *(if selected, complete Nest section below)*

Surrounding Habitat:

Cause of incident: *

Condition of bird: * Alive Dead

Type of Structure Involved?:

Pole/Tower Design:

Equipment:

How is the bird disposed of?: *

Did the incident cause an outage?: Yes No Unknown

USGS Band Number:

Voltage:

Circuit Name:



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This section is only required to be completed if Nest was selected for Avian Incident Type.

Type of work: *

Why is the nest an issue?: *

Is the nest active?: *

- No Eggs or Chicks Yes, Eggs Yes, Chicks

Describe Action(s) to be Taken:

- Install Nest Platform Trim Nest Relocate Nest Remove Nest

Discuss with ESD:

Other Actions: