



Department _____

Incident # _____

Date _____

Cost Recovery Rate Schedule

			1st Hour	Additional	Amount	% HazMat
Command Officer	1st Hour	Additional	95.00	142.50		
Fire Chief	1st Hour	Additional	95.00	142.50		
Firefighter	1st Hour	Additional	50.00	75.00		
Safety Officer	1st Hour	Additional	65.00	97.50		
EMT	1st Hour	Additional	75.00	125.00		
Hazmat Specialist	1st Hour	Additional	75.00	125.00		
	1st Hour	Additional				

Please indicate Hazmat Time by hours and minutes

COST RECOVERY RATE SCHEDULE

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			1st Hour	Additional	Amount	%HazMat
Command Vehicle	1st Hour	Additional	120.00	180.00		
Engine #	1st Hour	Additional	300.00	450.00		
Emergency Support Unit	1st Hour	Additional	300.00	450.00		
Hazmat Unit	1st Hour	Additional	360.00	480.00		
Field Unit	1st Hour	Additional	300.00	450.00		
Class A Pumper	1st Hour	Additional	360.00	480.00		
Pumper	1st Hour	Additional	300.00	450.00		
Tanker	1st Hour	Additional	360.00	480.00		



IMMEDIATE RESPONSE SPILL TECHNOLOGIES

Cost Recovery Incident Report

Please complete this form at the time of the accident.

Police/Fire Department _____

Address _____

Phone Number _____ Contact Person _____

Incident Date _____ Time of Incident _____

Incident Location _____

Incident Report # _____

Name of Responsible Party _____

Area Resident? (circle one) Yes No

Address _____ City _____ State _____

Phone (home) _____ Phone (cell) _____

Driver's License # _____

Insurance Carrier Name _____

Insurance Carrier Address _____

Insurance Carrier Phone and Contact _____

Policy number _____

Vehicle VIN# _____ Vehicle License # _____

Vehicle Make _____ Model _____ Year _____