Discharge Notification

Document ID	Form EHS-6	**Revision #**	2
Document Type	Form	**Status**	Effective
Department Owner	Environmental Health & Safety	**Effective Date**	12/20/2021
Historical Doc ID		**Document Author**	Wang, Jun

Revision History

#	Document ID	Revision	Requested Changes & Justification	Change Request Status
1	Form EHS-6	2	1. Add Material # and Lot # spaces for NOE tracking purposes. 2. Add QI decision space before EHS space for deciding if the spill should be tracked as an NOE.	Approved
2	Form EHS-6	1	Intellect shifted the AM/PM selections under Organizations and Individuals Contacted to where only the AM selection shows.	Approved
3	Form EHS-6	0		Approved

Document Approvals

#	Document ID	Approver	Reviewed On
Approval Level: Primary			
1	Form EHS-6	Smith, Tiana	12/20/2021
2	Form EHS-6	Wang, Jun	12/15/2021
Approval Level: Secondary			
3	Form EHS-6	Edwards, Deb	12/20/2021

	Discharge Notification			
	Doc. #: Form EHS-6	**Rev. 2**	**Effective: 12/20/2021**	**Page 1 of 1**

Employee completes, prints, signs, and submits original form to EHS.
If more room is needed, attach a separate sheet.

NOE #: (Quality Use Only)

Discharge/Discovery		
Date:	Time: ☐ AM ☐ PM	
Facility Name: **Beauty Manufacturing Solutions Corporation**		
Facility Address: **1250 Freeport Parkway, Coppell, Texas 75019**		
Reporting Individual:	Phone #:	
Product #:	Lot #:	
Type of Material:	Volume of Discharge:	
Discharge Source:	Weather Conditions:	
Media Affected		
Soil? ☐ No ☐ Yes, specify:		
Water? ☐ No ☐ Yes, specify:		
Other? ☐ No ☐ Yes, specify:		
Incident Description:		
Actions Taken:		
Damage or Injuries? ☐ No ☐ Yes, specify:		
Evacuation Needed? ☐ No ☐ Yes, specify:		
Organizations and Individuals Contacted		
Facility Personnel:	Date:	Time: ☐ AM ☐ PM
Facility Personnel:	Date:	Time: ☐ AM ☐ PM
Facility Personnel:	Date:	Time: ☐ AM ☐ PM
Facility Personnel:	Date:	Time: ☐ AM ☐ PM
Facility Personnel:	Date:	Time: ☐ AM ☐ PM
National Response Center	Date:	Time: ☐ AM ☐ PM
Texas Commission on Environmental Quality (TCEQ)	Date:	Time: ☐ AM ☐ PM
Agency Contacted (specify):	Date:	Time: ☐ AM ☐ PM
Agency Contacted (specify):	Date:	Time: ☐ AM ☐ PM
Spill Response Contractor (specify):	Date:	Time: ☐ AM ☐ PM
Spill Response Contractor (specify):	Date:	Time: ☐ AM ☐ PM
Other (specify):	Date:	Time: ☐ AM ☐ PM
Other (specify):	Date:	Time: ☐ AM ☐ PM

EHS Only		
EHS Manager closed NOE at this stage with the following justification:		
Printed Name:	Signature:	Date:
Quality Only		
☐ NOE Required ☐ No NOE Required		
Printed Name:	Signature:	Date: