DE-ICING / ANTI-ICING REPORT

Reporting Person: _____**Today's Date**: ____/_____/_____

Airline: _____**Date of Actual Discharge**: ___/____/____

Telephone No. _(_____)_____

Aircraft Deicing / Anti-Icing Weather (check):

☐Frost Only ☐Freezing Precipitation ☐Light Snow ☐Moderate Snow ☐Heavy Snow

Type of Deicing / Anti-Icing Fluid and Amount:
(ethylene glycol & urea CANNOT be used at this airport)

☐ **Type I:** Fluid Mix: _____/_____(H_2O) Used: _____ (gallons)

☐ **Type IV:** 100% Used: _____ (gallons)

☐ **E36 (Potassium Acetate)** Used: _____ (gallons)

☐ **NAAC (Sodium Acetate)** Used: _____ (pounds)

Area of Deicing / Anti-Icing Activities (check):

☐ Centralized Deicing Facility (CDF)

☐ Cargo East Ramp

☐ UPS

☐ Signature

☐ Wilson Air

☐ TANG

☐ MEM Terminal Ramp

LOCATION/GATE: _____

☐ FedEx:

LOCATION/GATE: _____

☐Other (Specify): _____

Within 24 hours of release of any deicing/anti-icing fluid into the environment, this report must be submitted to MSCAA Environmental by e-mail at heads@flymemphis.com

Other Comments:

_____