INCIDENT/SPILL REPORT

Date of Incident/Spill: _____ **Time of Incident/Spill:**_____

Facility Name: _____

Facility Address: _____

Date & Time of Notification:_____

Facility Phone Number: _____**Spill Reported by:** _____

Spill Discovered By: _____**Facility Manager:** _____

Material(s) Spilled/ Released: _____

Estimated Amount of Material(s) (volume): _____

Description of Incident/Spill (What happened): _____

_____

_____

Did Spill/Release Reach a Waterway or Drain System? Yes _____ **No** _____

If Yes, Name of Waterway or Description of Drain System: _____

Description of Cleanup Activities and Response: _____

_____

_____

_____

Employees Involved in Cleanup: _____

_____

Emergency Response Contractor Hired: Yes _____ **No** _____

Name: _____

Follow-up:
Describe measures taken to prevent similar spills/releases in the future: _____

_____

_____

_____

> Report spill/release to respective area supervisor or program manager
> Report spill/release to Environmental Services Manager
> Keep original Incident/Spill Report on-site. Send copies to Environmental Services Manager/ESMS Coordinator