

SPILL NOTIFICATION REPORT

For use of this form, see the Installation Spill Contingency Plan (ISCP); the proponent is DPW-ENRD

The organization responsible for the oil or hazardous substance spill must submit this information to DPW-ENRD (FAX 255-2058 or at bldg 1121) using this form. The form should be completed in as much detail as possible the same day that the incident is reported to the DPS Fire & Emergency Services Division and in complete detail within three days of the incident.

1. Contact Info for Person Reporting Spill		
Name (typed or printed)		Signature
Date of Report	Telephone	Email
2. Name, location and type of function causing spill.		
3. Commander/supervisor and phone number of organization responsible for spill.		
4. Date and time of spill discovery.		
5. Estimated date and time spill began.		
6. Type and estimated amount of material spilled.		
7. Duration of discharge, rate of release if continuing.		
8. Cause of incident and equipment/facility involved.		
9. Injuries and /or property damage.		
10. Location of spill. Specify areas affected by spill.		
11. Receiving stream or waters.		

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12. Potential dangers (fire, explosion, toxic vapor, etc.).

13. Environmental conditions (wind direction and speed, wave action, current, etc.).

14. Remedial actions taken and estimated completion date.

15. Was a sample taken? (yes or no)

16. Description of assistance required (if any).

17. Anticipated or actual reaction by news media and public to the incident.

18. Actions taken to prevent incident recurrence.

19. General discussion of the incident/additional details.