

## SPILL INCIDENT REPORT

1. FACILITY NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY OR TOWN: \_\_\_\_\_  
NEAREST HIGHWAY  
OR INTERSECTION: \_\_\_\_\_
2. DATE AND TIME OF INCIDENT: \_\_\_\_\_
3. NAME AND TEL. # OF ON-SCENE CONTACT: \_\_\_\_\_
4. SEVERITY OF THE INCIDENT:
  - a. Name of Spilled Material: \_\_\_\_\_
  - b. Total Amount Spilled: \_\_\_\_\_
  - c. Amount Recovered: \_\_\_\_\_
  - d. Fate of Recovered Materials (i.e., oil, water, soil, absorbents): \_\_\_\_\_
5. SIGNIFICANT AREAS AFFECTED BY THE SPILL: (Indicate location of any of the following affected areas, and estimate amount spilled in or on each area):
  - a. Building Areas:
  - b. Surface Water:
  - c. Floor Drains:
  - d. Storm Drains:
  - e. Drainage Ditches
  - f. Soil, Gravel or Lawn Surfaces:
6. LOCAL TERRAIN CONDITIONS: (Check off most appropriate description).
  - a. \_\_\_\_\_ Flat (no significant slope)
  - b. \_\_\_\_\_ Somewhat Flat: (1-5% slope)
  - c. \_\_\_\_\_ Gently Rolling (5-10% slope)
  - d. \_\_\_\_\_ Sharply Rolling: (10-20% slope)
  - e. \_\_\_\_\_ Steep: (>20% slope)
7. WEATHER CONDITIONS: (Check off most appropriate condition).
  - a. \_\_\_\_\_ Dry
  - b. \_\_\_\_\_ Fog or Drizzle
  - c. \_\_\_\_\_ Rain
  - d. \_\_\_\_\_ Snow
  - e. \_\_\_\_\_ Other
8. CAUSE AND SOURCE OF INCIDENT: (Check off most appropriate choice and attach a brief description of the problem).
  - a. \_\_\_\_\_ Equipment Failure
  - b. \_\_\_\_\_ Accident
  - c. \_\_\_\_\_ Human Error
  - d. \_\_\_\_\_ Other
9. OFFICE NOTIFIED: (Check off the offices which were notified and the name of the person who took the report over the telephone).
  - a. \_\_\_\_\_ National Spill Response Center  
Name:
  - b. \_\_\_\_\_ State Emergency Management.  
Name:
  - c. \_\_\_\_\_ State DNR  
Name:
  - d. \_\_\_\_\_ County  
Name:
10. Note any equipment repairs to prevent reoccurrence: \_\_\_\_\_  
\_\_\_\_\_