

Job Name: _____ Job #: _____
Supervisor: _____ Phone #: _____
Project Manager: _____ Division: _____
Who Identified the Spill: _____ Phone #: _____

Type of Spill:

Leakage <i>Release of less than 10 gallons of Petroleum, Oil or Lubricants (POL).</i>	Minor Spill <i>Release of 10 to 100 Gallons of POL.</i>	Major Spill <i>Release of 100 or more gallons of POL or hazardous substance which poses a threat to the public health and welfare or the environment.</i>
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Date of Spill: _____ Time of Spill: _____
Substance Spilled: _____ Amount Spilled: _____
Specific Spill Location: _____
Approximate Area Covered by Spill: _____
Describe How the Incident Occurred: _____

List Full Names & Phone Numbers of All Individuals Who Witnessed the Incident: _____

Any Personnel Contamination? If YES, Describe/Include First-Aid Provided: _____

Company Involved in the Incident: _____
Contact Name: _____ Phone #: _____

What Containment Measures Were Taken To:

Control the Spill: _____
Contain the Spill: _____
Clean-up the Spill: _____
Dispose of Clean-up Materials: _____
Referred to Outside Agency/Division: _____

Person: _____ Date: _____ Time: _____

Additional Information Pertinent to the Incident: _____

Supervisor Signature

Date