

HAZARDOUS SUBSTANCE SPILL REPORT

Job Name: _____ Job #: _____

Supervisor: _____ Phone #: _____

Project Manager: _____ Division: _____

Who Identified the Spill: _____ Phone #: _____

Type of Spill:

Leakage	Minor Spill	Major Spill
<i>Release of less than 10 gallons of Petroleum, Oil or Lubricants (POL).</i>	<i>Release of 10 to 100 Gallons of POL.</i>	<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>

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