

Spill or Incident Report Form

Site: _____

Primary Contractor: _____

Date: _____

Incident Date _____

Complete for any type of petroleum product or hazardous materials / waste spill or incident

Keep a copy of this report with the SWPPP Log.

Person Reporting Spill or Incident	
Name	Address
Organization	
Title	
Telephone	
. Fax	Signature

Type of Spill:			
Common Name of Spilled Substance			
Estimated Quantity Spilled			
Estimated Concentration			
Date of Spill			
Time Spill Started :	AM / PM	Time Spill Ended	AM / PM

SPILL TO LAND	SPILL TO WATER BODY
Name of site:	Name of water body:
Street address:	Location of discharge
City	Description of area from which spilled material may reach:
County:	

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If no spill describe incident:

Actions Taken:

To contain spill or impact of incident:

To clean up spill or recover from incident:

To remove cleanup material:

To Prevent reoccurrence:

Person responsible for managing spill response:

Name	Signature
Phone	Fax

Spill Notification List

Agency	Phone
Check to insure that 911 service is available in work area	911
Local Emergency Contacts	
<ul style="list-style-type: none"> • Fire Department: 	
<ul style="list-style-type: none"> • Emergency Medical: 	
<ul style="list-style-type: none"> • Community Evacuation: 	
<ul style="list-style-type: none"> • Police Department 	
<ul style="list-style-type: none"> • Local Public Works Department: Contact for storm drain and other utilities 	
<ul style="list-style-type: none"> • Hospital: Local Emergency Treatment 	
Spills to soil <ul style="list-style-type: none"> • Washington Dept. of Ecology Toxics Cleanup Program 	360 407-7170
Spills to water <ul style="list-style-type: none"> • National Response Center • Washington Emergency Management Division 	800 424-8802 800 258-5990
Emergency Spill Response Contractor	