

OIL SPILL REPORT

REPORT MUST BE COMPLETED IN ITS ENTIRETY			
Name of Person Reporting Spill		Telephone Number	
Date of Spill	Time of Spill	Date of Report	Time of Report
Location of Spill		Type of Oil Spilled	
Estimated Volume			
Has Spill Breached Secondary Containment Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has Oil Entered A Storm Sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Source of Spill <input type="checkbox"/> Storage Tank <input type="checkbox"/> Tank Truck in Product Transfer Area <input type="checkbox"/> Ancillary Equipment (specify) _____ _____		Affected Medium <input type="checkbox"/> Soil <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Other (specify) _____	
Cause of Spill			
Damages or Injuries Caused by Spill			
Actions Being Used to Stop, Remove, and Mitigate the Effects of the Spill			
Is an Evacuation of the Local Area Warranted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Individual(s) and Organizations Contacted (Note Date and Time of Notification)			
Other Pertinent Information			