Spill or Hazardous Substance Release Report Form

Person reporting: **Date:**

Facility Name: **Phone:**

Facility Address:

Facility Commander:

Person Notified at CMFO-ENV:

Emergency or Incident:

Summary:

Source of Spill: **Material Spilled:**

Quantity Spilled: **Date of Spill:** **Time:**

Cause of Spill:

What was the spill surface made of?

Was anyone injured? Describe:

Was there any equipment damaged? Describe:

Was evacuation Required? ☐ Yes ☐ No

How was the spill contained?

How was the spill cleaned up?

Was the fire Department called? ☐ Yes ☐ No

Was spill response contractor called? ☐ Yes ☐ No

List any additional notifications made:

Was there a public reaction? ☐ Yes ☐ No **Describe**:

Plans to prevent recurrence:

Please complete and email or fax this form to CMFO-ENV IMMEDIATELY. Also maintain a copy at the facility in the Spill Prevention Control and Countermeasure Plan (SPCCP).

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