

SPILL / INCIDENT REPORT FORM

Person Reporting:		Phone Number:
Date of Incident	Time of Incident AM PM	Quantity Spilled
Quantity Contained or Recovered	Method of Disposal of Recovered Material	
Location of Spill	Type of Material Spilled	
Source of Spill (Pipe, 55-Gallon drum, Equipment, etc.)		
Cause of Spill or Factors Contributing to Release		
<input type="checkbox"/> Equipment Failure <input type="checkbox"/> Training Deficiencies <input type="checkbox"/> Operator Error <input type="checkbox"/> Weather Conditions <input type="checkbox"/> Faulty Process Design <input type="checkbox"/> Other _____		
Immediate Actions Taken		
<input type="checkbox"/> Containment <input type="checkbox"/> Neutralization <input type="checkbox"/> Dilution <input type="checkbox"/> System Shut Down <input type="checkbox"/> Evacuation <input type="checkbox"/> Other _____		
Surface Area Affected (square feet, inside and/or outside)		
Any Release to the Environment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Area(s) affected (Soil, water, air)	
Notification of Emergency Responders (Fire Department, NC Emergency Management, NCDENR, etc.):		
Agency:	Agency:	
Phone Number:	Phone Number:	
Actions Taken:	Actions Taken:	
Clean-up Closure Actions (Monitoring, Soil Testing / Remediation, etc.)		
List Any Injuries Related to Spill		
List Names of People Involved in Spill		
Comments:		