SPILL RESPONSE REPORT FORM

(For Public Works Crew)

Date of Spill_____ Time _____ Duration_____

Chemical name or identity of any substance involved in the release _____

_____

Is it a hazardous substance? _____

Estimate of Quantity Spilled_____

Who Responded? _____

Cleaning Method Used_____

_____

Any Discharge to Storm Drain? _____

_____

Any known or anticipated acute or chronic health risks for exposed individuals associated with the emergency spill:

_____

_____

_____

Where proper precautions taken, including evacuation, if necessary? _____

_____

Was Spill Reported to the State? Yes No