

SPILL OR INCIDENT REPORT FORM

Instructions: Complete for any type of petroleum product or hazardous materials/waste spill or incident. Provide a copy of this report to management.

1. WSDOT Personnel Involved in Spill Reporting:

Project/Construction Office: Name, Title, and Phone Number:

Regional Environmental Office: Name, Title, and Phone Number:

2. Contractor:

Name and Title of Person Responsible for Spill Response:

Phone Number:

3. General Spill Information:

Common Name of Spilled Substance:

Quantity Spilled (Estimate):

Describe Concentration of Material (Estimate):

Date of Spill: ____/____/____

Time Spill Started: ____ AM ____ PM Time Spill Ended: ____ AM ____ PM

4. Spill Location and Conditions:

Project Title:

Street Address and/or Milepost, City:

Weather Conditions:

If Spill to the Soil,

Type of soil (if known)

On or within 0.25 mile or less to a stormwater feature, surface water body, a drinking water well or water recharge area? (if so, please identify well or recharge area)

Describe Environmental Damage (i.e. vegetation, soils, etc).

If Spill to Water,

Name of Water Body (if ditch or culvert, identify the water body that the structure discharges to):

Identify the Discharge Point:

Estimate the Depth and Width of the Water Body:

Estimate Flow Rate (i.e., slow, moderate, or fast): _____

Describe Environmental Damage (i.e., vegetation, fish kill,):

5. Actions Taken:

To Contain Spill and/or Impact of Incident:

To Cleanup Spill and/ or Recover from Incident:

To Remove Cleanup Material:

To Store Cleanup Material:

To Document Disposal:

To Prevent Reoccurrence:

6. Reporting the Spill:

List all agencies contacted; include names, dates, and phone numbers for spoken with:

Record ERTS #, if issued by Ecology: _____

7. Person Responsible for Managing Termination/Closure of Incident or Spill:

Name and Phone:

Address and Fax:

8. Additional Notes/Information (if necessary)
