

SPILL REPORTING FORM

Date of spill _____ Time of spill _____

Company _____ Address _____

Person Reporting _____ Telephone Number _____

Type of Spill (Jet-A, chemical, etc.) _____ Name of Chemical _____

Quantity of Spill (gallons) _____

Where did spill occur? _____

Duration of discharge Batch (a single release, e.g. spilled drum)
 Continuous (approximate duration _____ hours _____ minutes)

Action taken to contain spill _____

Containment: Contained in immediate vicinity of source
 Contained prior to entry into storm drain
 Contained after entry to storm drain
 Contained in storm system pipe/ditch

Did the spill leave the facility boundary? Yes No Was anyone injured? Yes No

Other pertinent information/Cause of spill _____

Weather conditions at time of incident:

Rainfall Rainfall occurred (approximate amount _____ inches over _____ hours)
 Rainfall had occurred within 3 hours of incident
 Rainfall occurred prior to clean-up being completed
 No rainfall occurred

Parties notified of spill

- Fire Department
- State Agency Date _____ Time _____
- National Response Center Date _____ Time _____

In the space provided below, draw a diagram of the location of the spill as it relates to your facility and airport operations.

RETURN COMPLETED FORM TO
Sam Peacock
FAX (214) 670-6051