

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. Personnel Involved in Spill Reporting:

Name, Title, and Phone Number: _____

DNR 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 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., fish kill?): _____

5. Actions taken:

To Contain Spill or Impact of Incident: _____

To Cleanup Spill or Recover from Incident: _____

To Remove Cleanup Material: _____

To Document Disposal: _____

To Prevent Reoccurrence: _____

Spills to soil or water that may be an immediate threat to health or the environment (i.e., explosive, flammable, toxic vapors, shallow groundwater, nearby creek, etc.); Immediately call the Missouri Department of Natural Resources **573-634-2436**
Other reporting numbers: National Response Center (1-800-424-8802), USEPA(913-281-0991),
If not immediately threatening, but may be a threat to human health or the environment, report to Boone County Resource Management within 30 days.

6. Reporting the Spill:

List all agencies contacted; include names, dates, and phone numbers for people you spoke with:

Record ERTS #, if issued by MoDNR: _____

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

Name and Phone: _____

Address and Fax: _____

8. Additional Notes/Information and Photos: