

ENVIRONMENTAL SPILL/RELEASE REPORT

Date of Report _____ Date of Incident _____
 Project Name _____ Location _____
 Company Name _____
 Name of Project Superintendent (please print name) _____

Name of Company Responsible for Spill? _____
 Address _____ Phone Number _____
 Contact Name _____ Position _____

Name of product/substance spilled/released (refer to Material Safety Data Sheet): _____
 Location of spill: _____
 Total quantity involved: _____ Quantity spilled/released: _____
 Time incident started/stopped: Start _____ Stop _____
 Describe environmental conditions at time of spill/release (i.e., noise, hot, cold, weather, etc.): _____

 Briefly describe what caused the spill or release: _____

 Briefly describe what was affected by the spill/release (identify surface areas, where practical to do so): _____

 Briefly describe measures/actions taken to control spill/release (include equipment, materials, etc.): _____

 Identify corrective measures/actions taken to complete all operations (use Sequence of Events Record Form): _____

 Date and time of completion: _____
 Recommendation(s) to prevent reoccurrence: _____

Was anyone injured? YES NO
 If yes, has an Incident Investigation Report been completed? YES NO
 If yes, please attach a copy to this report.

CONTACT LIST

Who has been contacted? This includes internal company/third-party contacts.

Contact Names	Company/Agency Represented	Phone Numbers

Name of person(s) compiling this report:
 Print Name: _____ Signature: _____
 Print Name: _____ Signature: _____