

Petroleum Spill Report Form

Facility Name: \_\_\_\_\_

Facility or Spill Location: \_\_\_\_\_

Agency: \_\_\_\_\_ Chapter: \_\_\_\_\_

Name of Operator: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**Report Of:** Spill\_\_\_ Leak\_\_\_ Break\_\_\_ Fire\_\_\_ Blowout\_\_\_ Other: \_\_\_\_\_

Product/Substance Spilled: \_\_\_\_\_

Type of Facility (mark all that apply):

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Pump Station  | <input type="checkbox"/> Production Well  | <input type="checkbox"/> Coal Mine    |
| <input type="checkbox"/> Tank Battery  | <input type="checkbox"/> Gasoline Station | <input type="checkbox"/> Government   |
| <input type="checkbox"/> Oil Refinery  | <input type="checkbox"/> Diesel Station   | <input type="checkbox"/> Tribal       |
| <input type="checkbox"/> Pipeline      | <input type="checkbox"/> Agricultural     | <input type="checkbox"/> Utility      |
| <input type="checkbox"/> Drilling Well | <input type="checkbox"/> Airline          | <input type="checkbox"/> Other: _____ |

Date of Occurrence: \_\_\_\_\_ Time of Discovery: \_\_\_\_\_ a.m./p.m.

Person Reporting Spill: \_\_\_\_\_ Date/Hour: \_\_\_\_\_ Phone: \_\_\_\_\_

**First Responder:** Has the Fire Department and/or Department of Emergency Management been notified? Yes/No\_\_\_

If yes, who was contacted: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Second Responder:** Has NNEPA been notified? Yes/No\_\_\_ If yes, who was contacted: \_\_\_\_\_

Quantity of Spill: \_\_\_\_\_ Volume Recovered: \_\_\_\_\_

Description of affected area: business site\_\_\_ farm\_\_\_ grazing\_\_\_ residential\_\_\_ other: \_\_\_\_\_

Surface conditions: sandy\_\_\_ clayey\_\_\_ rocky\_\_\_ wet\_\_\_ dry\_\_\_ snow\_\_\_ paved\_\_\_ other: \_\_\_\_\_

Describe general conditions (temperature, precipitation, vegetation, slope, etc.) \_\_\_\_\_

Describe area affected and cleanup action taken: \_\_\_\_\_

Did any fluids reach a waterway: Yes\_\_\_ No\_\_\_ Quantity: \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Nearest water well (number, name, etc.): \_\_\_\_\_

Was ground water encountered? if so, at what depth? \_\_\_\_\_

Other agencies contacted: \_\_\_\_\_

Company Phone Fax

Other agencies contacted: \_\_\_\_\_

Company Phone Fax

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_ Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_