

DAVISON COUNTY SPILL REPORT FORM

| | | | | |
|--|--|---|------------------|------------------|
| Reported: (mm/dd/yy) | Time: | Recorded By: | | |
| A. REPORTER | Reported By: | | | |
| | Organization Name: | | | |
| | Organization: <input type="checkbox"/> discharger <input type="checkbox"/> public <input type="checkbox"/> state <input type="checkbox"/> local <input type="checkbox"/> federal | | | |
| | Address: | | | |
| | City: | County: | State: | |
| | Zip: | Phone: | | |
| B. DISCHARGER (Responsible party) | Name: | | | |
| | Address: | | | |
| | City: | County: | State: | |
| | Zip: | Phone: | | |
| C. INCIDENT LOCATION | As above in B | Street or Approx. Location | | |
| | Survey Description: _____ Sec _____ T _____ R _____ | | | |
| | City: | County: | State: | |
| | | | | |
| D . D A T E | Spill Date: (mm/dd/yy) | | Spill Time: | |
| | | | | |
| E. MATERIAL | Material Type (Code Name) | <input type="checkbox"/> hazardous substance <input type="checkbox"/> other <input type="checkbox"/> oil <input type="checkbox"/> material unknown | Quantity Spilled | Spilled in Water |
| | | | | |
| | | | | |
| F. SOURCE | Source of Spill: | | | |
| | Description: | | | |
| | | | | |
| G. MED. | Medium Affected: <input type="checkbox"/> air <input type="checkbox"/> land <input type="checkbox"/> water <input type="checkbox"/> ground water <input type="checkbox"/> within facility only | | | |
| | Waterway Affected: | | | |
| H. CAUSE | Reported Cause: <input type="checkbox"/> transportation accident <input type="checkbox"/> operational error <input type="checkbox"/> dumping <input type="checkbox"/> other _____ <input type="checkbox"/> equipment failure <input type="checkbox"/> natural phenomenon <input type="checkbox"/> unknown | | | |
| | Description: | | | |
| I . D A M | Damages: no. of injuries _____ no. of deaths _____ property damage > \$50,000 _____ | | | |
| | | | | |
| J. ACTIONS | <input type="checkbox"/> Evacuation | Response Action Taken: | | |
| | | | | |
| | | | | |

| | |
|------------------------|----------------------|
| K. NOTIFIED | Responding Agencies: |
| | Agencies Notified: |
| L. COMMENTS | |