



SPILL REPORT FORM:

REPORTED TO DEC (518) 897-1242

Spill Number: _____

Work Order Number: _____

Name of Contact: _____

Phone Number: (____) _____

Date Contacted: ____/____/____

Time Contacted: ____:____ AM PM

SPILL LOCATION

Department: _____

Location (room, area): _____

Nature of Incident: _____

SPILL DESCRIPTION

Medium or media into which the release occurred

☐ Air ☐ Land ☐ Sewer ☐ Building or Room ☐ Secondary Containment

Duration of the event or release: _____

Quantity of material released: _____

Description of the incident:

Any actions taken as a result of the release:
