

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):

_____ Pump Station	_____ Production Well	_____ Coal Mine
_____ Tank Battery	_____ Gasoline Station	_____ Government
_____ Oil Refinery	_____ Diesel Station	_____ Tribal
_____ Pipeline	_____ Agricultural	_____ Utility
_____ Drilling Well	_____ Airline	_____ 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: _____