

HIARNG Spill Incident Report Form

REPORT SPILLS IMMEDIATELY TO HIARNG-ENV AT 672-1013.
 Fax this form to 672-1262 or e-mail ng.hi.hiarng.list.nghi-env-comp@mail.mil within 72 hours of the spill.

1	LOCATION OF SPILL (Facility/Address/Bldg):	DATE & TIME OF SPILL:	
2	CALLER NAME & PHONE NUMBER:	OSC NAME & PHONE NUMBER:	
3	ORGANIZATION REPORTING:		
4	DATE AND TIME OF DISCOVERY:	DURATION OF THE SPILL:	
5	TIME & DATE HIARNG ENV NOTIFIED (672-1013):	PERSON NOTIFIED:	
6	SUBSTANCE SPILLED (<i>Attach SDS</i>):	AMOUNT SPILLED:	SIZE OF AREA IMPACTED:
7	CAUSE AND SOURCE OF THE SPILL:		
8	EXTENT AND SEVERITY OF SPILL: Potential Dangers: <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Toxic Fumes/Fluid <input type="checkbox"/> Evacuation Needed <input type="checkbox"/> Damage or Injuries (<i>Specify</i>): Media into Which the Release Occurred or is Likely to Occur (Check all applicable): <input type="checkbox"/> Soil <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> UIC <input type="checkbox"/> Storm Drain <input type="checkbox"/> Swale <input type="checkbox"/> Sewer <input type="checkbox"/> Stream <input type="checkbox"/> Other (<i>Specify</i>): Raining? <input type="checkbox"/> No <input type="checkbox"/> Yes Raining Imminent? <input type="checkbox"/> No <input type="checkbox"/> Yes Direction of Flow:		
9	RESPONSE ACTIONS TAKEN TO STOP, REMOVE, AND MITIGATE EFFECTS OF THE SPILL:		
10	ADDITIONAL ASSISTANCE REQUIRED? <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>Specify</i>):		
11	OTHER HIARNG OR EXTERNAL AGENCIES NOTIFIED (<i>Agency, Individual, Date, Time, and Incident Number Assigned by Agency</i>): <input type="checkbox"/> Fire Dept. <input type="checkbox"/> Ambulance <input type="checkbox"/> Other (<i>Specify</i>):		
12	PREVENTIVE ACTIONS TO BE TAKEN: (<i>NOTE: This incident is required to be covered in the next unit/activity spill training.</i>)		
13	SUBMITTED BY (<i>Name, Title, Phone</i>)		

For Environmental Office Use Only.

1	REPORTABLE? <input type="checkbox"/> No <input type="checkbox"/> Yes	REPORTABLE QTY:	Samples Taken? <input type="checkbox"/> No <input type="checkbox"/> Yes
2	VERBAL NOTIFICATIONS MADE (<i>Indicate Agency, Individual, Date, and Time Notified, and any Incident Number Assigned</i>) <input type="checkbox"/> SERC (HEER): <input type="checkbox"/> LEPC: <input type="checkbox"/> NRC (800) 424-8801: <input type="checkbox"/> Other (<i>Specify</i>): DATE WRITTEN NOTIFICATIONS MADE:		
3	CORRECTIVE ACTIONS TAKEN/ RECOMMENDED TO PRECLUDE RECURRENCE:		