# Oil Spill Report Form

**Please submit this form to the Dept. of Environmental Health and Safety within 1 business day of incident**
fax number (585) 245-5006

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|---|
| **Incident Date** |
| **Incident Time** |
| **Date Reported** |
| **Location** |
| **Type of material spilled (i.e. waste oil, gasoline, diesel, kitchen grease)** |
| **Approximate amount of spilled material** |
| **Cause of spill (equipment failure, overfill, vehicular accident, etc.)** |
| **Has spill entered drains, catch basins, water (i.e. river) or roadway or land?** |
| **Person who discovered spill** |
| **Supervisor of that person** |
| **Complete description of incident and location (facts only):** |
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| **Actions taken (clean up and disposal procedure):** |
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| **Measures to prevent other occurrences:** |
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For questions, please call Chuck Reyes at 245-5512

**For EHS use only**
Outside notification, include contact person, date and time

| | |
|---|---|
| Fire | yes/no |
| Hazmat | yes/no |
| NYS DEC | yes/no |
| US EPA | yes no |
| National response center | yes/no |
| Media interest | yes no |

Other_____

Reviewed by: _____
Date: _____