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

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):
Actions taken (clean up and disposal procedure):
Measures to prevent other occurrences:

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: _____