

APPENDIX M - OIL SPILL REPORT FORM


GENESEO
THE STATE UNIVERSITY OF NEW YORK
Oil Spill Report Form

****Please submit this form to the Dept. of Environmental Health and Safety within 1 business day of incident****

Incident Date:	Incident Time:
Date Reported:	Location:
Type of material spilled (i.e. waste oil, gasoline, diesel, kitchen grease):	
Approximate amount of spilled material (gallons):	
Cause of spill (equipment failure, overfill, vehicular accident, etc.):	
Has spill entered drains, catch basins, water (i.e. river) or roadway?	
Person who discovered spill:	
Personnel involved:	
Name of Agency, Person Contacted and Title:	
Complete description of incident and location (facts only):	
Description of all affected media:	
Control measures taken:	
Estimated property damage and cost of cleanup (note if any injuries occurred):	
Measures to prevent other occurrences:	
Disposal of contaminated materials:	

For questions, please call Chuck Reyes at 245-5512

For EHS use only

Outside notification?

Fire

yes/no

Hazmat

yes/no

NYS DEC

yes/no

US EPA

yes/no

National response center

yes/no

Media interest

yes/no

Other _____

NYSDEC SPILL HOTLINE
800-457-7362
**USEPA NATIONAL RESPONSE
CENTER**
800-424-8802
FIRE DEPARTMENT
911
KBH ENVIRONMENTAL
**888-KBHENV2
(888-524-3682)**