

## Petroleum Spill Form

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

<b>Incident Date:</b>		<b>Incident Time:</b>	
<b>Date Reported:</b>		<b>Location:</b>	
<b>Type of Material Spilled (i.e. waste oil, gasoline, diesel, kitchen grease):</b>			
<b>Approximate Amount of Spilled Material (Gallons):</b>			
<b>Cause of Spill (Equipment Failure, Overfill, Vehicular Accident, etc.):</b>			
<b>Has Spill entered Drains, Catch Basins, Water or Roadway?</b>			
<b>Person Who Discovered Spill:</b>			
<b>Personnel Involved:</b>			
<b>Complete Description of Incident and Location (Facts Only):</b>			
<b>Control Measures Taken:</b>			
<b>Estimated Property Damage and Cost of Cleanup:</b>			
<b>Measures to Prevent Other Occurrences:</b>			
<b>Disposal of Contaminated Materials:</b>			

For Questions Please Call Environmental Health & Safety at 315-267-2596 or 315-267-2747

**For EHS Use Only**

<b>Contact Outside Agencies:</b>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No							
<b>Fire</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<b>US EPA</b>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<b>Other:</b>	
<b>Hazmat</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<b>National Response Ctr</b>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
<b>NYS DEC</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<b>Media Interest</b>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		