



Chapter 16: [Spills](#) Spill Report Form

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 URL: <http://www-group.slac.stanford.edu/esh/eshmanual/references/spillsFormReport.pdf> | [.doc](#)

ENVIRONMENT, SAFETY & HEALTH DIVISION

Instructions This form is to be completed and retained by the [spills program manager](#) following the [Spills: Response, Cleanup, and Reporting Procedure](#) (SLAC-I-750-0A16C-006).

SPILL / RELEASE DESCRIPTION

Substance released:		CAS No. (if available)	Approx. quantity released		Reportable quantity
Spill date (mo/day/yr)	Spill start time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Spill end time: same <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Continuous flow <input type="checkbox"/> Intermittent flow <input type="checkbox"/> Discrete release		Occurring at time of discovery? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary mass contacted (check all that apply and describe) <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Soil <input type="checkbox"/> To atmosphere			The primary mass entered (check all that apply and describe) <input type="checkbox"/> Sewer, manhole number: <input type="checkbox"/> Storm drain, catch basin number: <input type="checkbox"/> Creek <input type="checkbox"/> Atmosphere		
Location (area, building number, room no. if applicable)			Latitude	Degrees	Minutes
			Longitude		Seconds

Describe the circumstances leading to the spill.

List immediate actions taken to stop / control / contain the spill and describe the results. (calls made, equipment used)

Spill area diagram: Include scale, north arrow, and nearby buildings for reference. Indicate the closest down-gradient catch basin and its distance from spill.

CONTACT INFORMATION

Person reporting spill (name):	Title:	Directorate / dept:	Ext:	Mailstop:
Person initiating form (name):	Title:	Directorate / dept:	Ext:	Mailstop:

NOTIFICATION AND REPORTING

SLAC Internal

Internal notification (required):
 Notify and update as needed:

SLAC contacts (notify as needed):

EP Department Head (or acting head)

ESH Division Director (or acting director)

Security: 650-926-5555

Facility Manager Designee (FMD): 650-804-5465

Facilities Service Request: 650-926-8901

Facilities Operations Manager: 650-940-0624 (pager), 650-906-4401

Incident Investigation Program Manager: 650-849-9416

Waste Management (WM): ext. 2399; day 650-849-9493 (pager), off-hours 650-849-9484

Other:

SLAC External: Reportable Quantity

If a spill exceeds a reportable quantity: immediately notify the appropriate regulatory agency (contact information below)
 Provide details by phone or website and follow up with a report, as required.

Substance	Reportable Quantity	State Office of Emergency Services (OES)	San Mateo County Health Department (SMC)
Chemicals	See 40 CFR 302	yes	-
Mercury (into environment)	1 pound	yes	-
Oil (in or on state waters)	42 gallons	yes	yes
Sewage (into storm drain)	Any	-	yes
Water (into storm drain)	1,000 gallons	-	courtesy call
Other spills	See spill reporting binder (red) in Building 24, Room 120 EPA I.D. No. CA8890016126		

Agency Contact Log

Agency	Contact	Contact Person	EP Contact Person	Time	Date
SMC	business hours 650-372-6200 after hours >1000 gal 650-363-4981, after hours <1000 gal ehcomplaints@co.san mateo.ca.us or fax 650-627-8244				
OES	800-852-7550	OES control #			
State Water Resources Control Board (SWRCB)	www.ciwqs.waterboards.ca.gov				
Regional Water Quality Control Board (RWQCB)	www.wbers.net or 510-622-2369 flow chart)				
Bay Area Air Quality Management District (BAAQMD)	415-749-4979				

Notifications completed? Yes No Comments:

BASIC INCIDENT INFORMATION (BII) DATABASE

Causal Analysis	Significance Level	Responsibility (add name and contact information if available)
<input type="checkbox"/> Design / Engineering	<input type="checkbox"/> Serious	<input type="checkbox"/> Non-SLAC
<input type="checkbox"/> Equipment / Material	<input type="checkbox"/> Important	<input type="checkbox"/> Subcontractor
<input type="checkbox"/> Human performance / Error	<input type="checkbox"/> Minor	<input type="checkbox"/> SLAC Department
<input type="checkbox"/> Management	<input type="checkbox"/> Trend	
<input type="checkbox"/> Communication		
<input type="checkbox"/> Other: describe		