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| SLAC_Logo_hires_small  Environment, Safety & Health Division | | | | | | Chapter 16: [Spills](https://www-group.slac.stanford.edu/esh/environment/spills/)    Product ID: [280](https://www-internal.slac.stanford.edu/esh/docreview/reports/revisions.asp?ProductID=280) | Revision ID: 2231 | Date Published: 25 June 2021 | Date Effective: 25 June 2021  URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/spillsFormReport.pdf> | [docx](https://www-group.slac.stanford.edu/esh/eshmanual/references/spillsFormReport.docx) | | | | | | | | | | | | | | |
| ***Instructions.*** *This form is to be completed and retained by the ESH* [*spills program manager*](https://www-group.slac.stanford.edu/esh/environment/spills/) *following the* [*Spills: Response, Cleanup, and Reporting Procedures*](https://www-group.slac.stanford.edu/esh/eshmanual/references/spillsProcedResponse.pdf) *(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:  a.m.  p.m. | | | | Spill end time:  a.m.  p.m. | | | Continuous flow  Intermittent flow  Discrete release | | | | | | | Occurring at time of discovery?  Yes No | | | | | |
| Primary mass contacted  Asphalt  Concrete | | | *(check all that apply)*  Soil  To atmosphere | | | The primary mass entered *(check all that apply)*  Sewer, manhole number:  Storm drain, catch basin number: | | | | | | | | | | | Creek  Atmosphere | | | | |
| Location *(area, building number, room no. if applicable)*  Attach photos and/or spill area diagram to the report. | | | | | | | | | | | | | | | | | | | | | |
| 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)* | | | | | | | | | | | | | | | | | | | | | |
| Proper cleanup completed? Yes  No Initials of the reviewer: \_\_\_\_\_\_\_\_\_\_\_\_  Cleanup method used: | | | | | | | | | | | | | | | | | | | | | |
| **CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| Person reporting spill *(name)*: | | | | | | | | | | Title: | | | | | Directorate / Dept: | | | | | Ext: | Mailstop: |
| Person initiating form *(name):* | | | | | | | | | | Title: | | | | | Directorate / Dept: | | | | | Ext: | Mailstop: |
| **NOTIFICATION AND REPORTING** | | | | | | | | | | | | | | | | | | | | | |
| *If a spill exceeds a reportable quantity, the ESH spills program manager will 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)** | | | | | | | **State Water Resources Control Board(SWRCB)** | | |
| Chemicals | | | | See 40 CFR 302 | | | | | | | | Yes | | | | | | | | - | |
| Mercury (into environment) | | | | 1 pound | | | | | | | | Yes | | | | | | | | - | |
| Oil (in or on state waters) | | | | 42 gallons | | | | | | | | Yes | | | | | | | | - | |
| Sewage | | | | Any | | | | | | | | See SSO flowchart | | | | | | | | See SSO flowchart | |
| Other spills | | | | See spill reporting binder (red) in Building 041, Room 1044 (EP Library), EPA I.D. No. CA8890016126 | | | | | | | | | | | | | | | | | |
| **Agency Contact Log (to be completed by the ESH spill program manager)** | | | | | | | | | | | | | | | | | | | | | |
| **Agency** | | | | | | **Contact** | | | | | **Contact Person** | | **EP Contact Person** | | | | | | | **Time** | **Date** |
| State Office of Emergency Services (OES) | | | | | | 800-852-7550 | | | | | OES control # | |  | | | | | | |  |  |
| State Water Resources Control Board (SWRCB) | | | | | | [ciwqs.waterboards.ca.gov/](https://ciwqs.waterboards.ca.gov/) | | | | |  | |  | | | | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Causal Analysis**  Design / engineering  Equipment / material  Human performance / error | | | | | Management  Other: describe | | | **Significance Level**  Serious  Important  Minor | | | | | | Trend | | | | **Responsibility for Spill**  Non-SLAC  Subcontractor  SLAC Department | | | |

Sanitary Sewer Overflow (SSO) Reporting Requirements

**No**

**Yes**

**Yes**

**Category 2 SSO**

**Category 1 SSO**

**Category 3 SSO**

**No**

**No**

**Yes**

Within 2 hours,

notify CalOES:

(800) 852-7550

­­

**No**

**Yes**

Certified report required via CIWQS within

30 calendar days

of end of calendar month in which SSO occurs.

Draft report required via CIWQS

within 3 business days.

Certified report required via CIWQS

within 15 calendar days

of the SSO end date.

Water quality sampling is required

within 48 hours.

Submit technical report via CIWQS within 45 calendar days

of the SSO end date.

**Abbreviations and contact information:**

Cal OES = California Office of Emergency Services, (800) 852-7550

CIWQS = California Integrated Water Quality System, [https://ciwqs.waterboards.ca.gov](https://ciwqs.waterboards.ca.gov/)

SSO = sanitary sewer overflow

The Water Resources Control Board order on which this flow chart is based is available here: <https://www.waterboards.ca.gov/board_decisions/adopted_orders/water_quality/2013/wqo2013_0058exec.pdf>