

# Spill Report Form

ENVIRONMENT, SAFETY & HEALTH DIVISION

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

## SPILL / RELEASE DESCRIPTION

Substance released:		CAS No. (if available)	Approx. quantity released	Reportable quantity
Spill date( <i>mo/day/yr</i> )	Spill start time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Spill end time: <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 ( <i>check all that apply</i> ) <input type="checkbox"/> Asphalt <input type="checkbox"/> Soil <input type="checkbox"/> Concrete <input type="checkbox"/> To atmosphere		The primary mass entered ( <i>check all that apply</i> ) <input type="checkbox"/> Sewer, manhole number: <input type="checkbox"/> Creek <input type="checkbox"/> Storm drain, catch basin number: <input type="checkbox"/> Atmosphere		
Location ( <i>area, building number, room no. if applicable</i> ) 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. ( <i>calls made, equipment used</i> )				
Proper cleanup completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials of the reviewer: _____				
Cleanup method used:				

## CONTACT INFORMATION

Person reporting spill ( <i>name</i> ):	Title:	Directorate / Dept:	Ext:	Mailstop:
Person initiating form ( <i>name</i> ):	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.

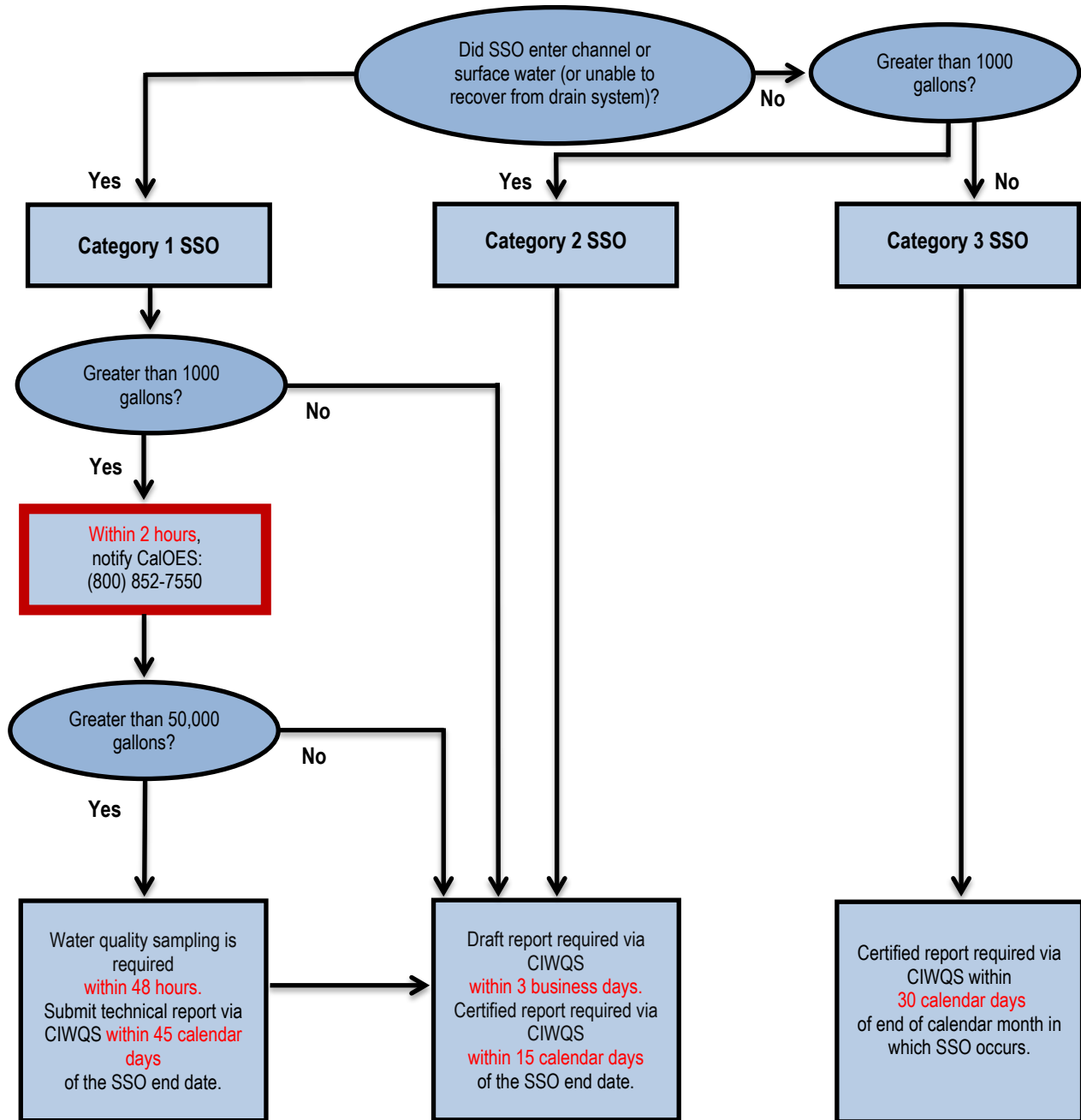
Substance	Reportable Quantity	State Office of Emergency Services (OES)	State Water Resources Control Board(SWRCB)
Chemicals	See 40 CFR 302	Yes	-
Mercury (into environment)	1 pound	Yes	-
Oil (in or on state waters)	42 gallons	Yes	-
Sewage	Any	See SSO flowchart	See SSO flowchart
Other spills	See spill 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)	<a href="http://ciwqs.waterboards.ca.gov/">ciwqs.waterboards.ca.gov/</a>				

<b>Causal Analysis</b> <input type="checkbox"/> Design / engineering <input type="checkbox"/> Equipment / material <input type="checkbox"/> Human performance / error		<input type="checkbox"/> Management <input type="checkbox"/> Other: describe		<b>Significance Level</b> <input type="checkbox"/> Serious <input type="checkbox"/> Important <input type="checkbox"/> Minor	<input type="checkbox"/> Trend	<b>Responsibility for Spill</b> <input type="checkbox"/> Non-SLAC <input type="checkbox"/> Subcontractor <input type="checkbox"/> SLAC Department
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## Sanitary Sewer Overflow (SSO) Reporting Requirements



### 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>

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](https://www.waterboards.ca.gov/board_decisions/adopted_orders/water_quality/2013/wqo2013_0058exec.pdf)