The College at Brockport Spill Report Form **ALL SPILLS need to be reported to EHS immediately**

fax number (585) 395-2502

For questions, please call Sarah Klein at 395-2495 (cell: 509-1917) or Dave Turkow at 395-2005 (cell: 509-1918)

Incident date:		Incident time:	
Weather conditions:		**Date report	ed to EHS:
Person who discovered spill:		Supervisor of	that person:
Location of spill [include street address & description (i.e., garage, lab, outside)]:			
Type of material spilled (i.e. waste oil, gasoline, diesel, kitchen grease, etc.):			
Approximate amount of spilled material:			
Did spill impact environment (air, water, soil)?			
Has spill entered drains, catch basins, water (i.e., canal) or roadway, if so which and in what			
quantity?			
Cause and source of spill?			
Any property damage, if so provide details?			
Any personal injuries, if so provide details?			
Was evacuation necessary, if so provide details?			
Complete description of incident (facts only):			
Actions taken (i.e., quantity recovered, material containerized, etc.):			
Measures to prevent other occurrences:			
- Andrew of Province Control C			
For EHS Department Use Only			
Fire	yes / n		**EHS Department personnel will
Hazmat	yes / n		assess each spill and determine
NYS DEC	yes / n		appropriate notifications. Any spill of
US EPA	yes / n		5 gallons must be reported to EHS.
National Response Center	yes / n		Any spill that reaches water or
Media Interests	yes / n		porous surfaces (soil) must be
Coast Guard	yes / n	O	reported to EHS. Any question about
Others:			the spill – report to EHS.
Report taken by:	Report reviewed b	v:	Date:
*		-	