

SPILL INCIDENT REPORT

Complete this report for any spill of OIL, HAZARDOUS MATERIAL, HAZARDOUS WASTE, or any substance which is a threat to humans or the environment.

The information is to be provided immediately to:

- a. The Environmental Management Division (EMD), 624-3629
- b. The Fort Knox Fire Department 624-6016/1876

DATE: _____ TIME: _____ RECEIVED BY: _____

CALLER NAME: _____

CALLER TELEPHONE No.: _____

UNIT/ACTIVITY: _____

POC AT SCENE: _____

MATERIAL SPILLED/RELEASED: _____

WHEN DID SPILL OCCUR: _____

LOCATION: (GRID COORDINATES): _____

SITUATION DESCRIBED BY NOTIFIER: _____

IMPACT: _____

CORRECTIVE ACTION: _____

COMMENTS: _____

Does the Emergency Preparedness and Response Plan require changes as a result of this spill incident?

YES NO If yes, contact EMD at 624-3629.

UNIT/ACTIVITY POC: _____ / _____
Print Name/Rank-Grade Sign

EMD POC: _____