



ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION OIL & HAZARDOUS SUBSTANCES SPILL NOTIFICATION FORM

ADEC USE ONLY

ADEC SPILL #:	ADEC FILE #:	ADEC LC:
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PERSON REPORTING:		PHONE NUMBER:		REPORTED HOW? (ADEC USE ONLY) <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> PERS <input type="checkbox"/> E-mail	
DATE/TIME OF SPILL:		DATE/TIME DISCOVERED:		DATE/TIME REPORTED TO ADEC:	
INCIDENT LOCATION/ADDRESS:			DATUM: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83		PRODUCT SPILLED:
			<input type="checkbox"/> WGS84 <input type="checkbox"/> Other _____		
			LAT.		
			LONG.		
QUANTITY SPILLED: <input type="checkbox"/> gallons <input type="checkbox"/> pounds		QUANTITY CONTAINED: <input type="checkbox"/> gallons <input type="checkbox"/> pounds		QUANTITY RECOVERED: <input type="checkbox"/> gallons <input type="checkbox"/> pounds	
				QUANTITY DISPOSED: <input type="checkbox"/> gallons <input type="checkbox"/> pounds	
POTENTIAL RESPONSIBLE PARTY:			OTHER PRP, IF ANY:		
Name/Business:				VESSEL NAME:	
Mailing Address:				VESSEL NUMBER:	
Contact Name:				> 400 GROSS TON VESSEL:	
Contact Number:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
SOURCE OF SPILL:			CAUSE CLASSIFICATION:		
CAUSE OF SPILL:			<input type="checkbox"/> Under Investigation		
			<input type="checkbox"/> Accident		
			<input type="checkbox"/> Human Factors		
			<input type="checkbox"/> Structural/Mechanical		
			<input type="checkbox"/> Other		
CLEANUP ACTIONS:					
DISPOSAL METHODS AND LOCATION:					
AFFECTED AREA SIZE:		SURFACE TYPE: (gravel, asphalt, name of river etc.)		RESOURCES AFFECTED/THREATENED: (Water sources, wildlife, wells, etc.)	
COMMENTS:					

ADEC USE ONLY

SPILL NAME:		NAME OF DEC STAFF RESPONDING:		C-PLAN MGR NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DEC RESPONSE: <input type="checkbox"/> Phone follow-up <input type="checkbox"/> Field visit <input type="checkbox"/> Took Report		CASELOAD CODE: <input type="checkbox"/> First and Final <input type="checkbox"/> Open/No LC <input type="checkbox"/> LC Assigned		CLEANUP CLOSURE ACTION: <input type="checkbox"/> NFA <input type="checkbox"/> Monitoring <input type="checkbox"/> Transferred to CS or STP	
COMMENTS:		Status of Case: <input type="checkbox"/> Open <input type="checkbox"/> Closed		DATE CASE CLOSED:	
REPORT PREPARED BY:		DATE:			



OIL & HAZARDOUS SUBSTANCE SPILL NOTIFICATION FORM INSTRUCTIONS

PERSON REPORTING

Name of the person reporting the spill to ADEC.

PHONE NUMBER

Contact number of the person reporting the spill.

REPORTED HOW?

Phone – If you reported a spill during normal business hours.

Fax – If you reported a spill by faxing in the spill report form.

PERS – If you reported a spill after hours to 1-800-478-9300.
(Professional Emergency Resource Services)

DATE/TIME OF SPILL

Date and time of when the spill incident occurred.

DATE/TIME DISCOVERED

Date and time of when the spill was discovered.

DATE/TIME REPORTED

Date and time of when the spill incident was notified to ADEC.

LOCATION/ADDRESS

Spill incident location.

SUBSTANCE TYPE SPILLED

CR – Crude (Crude Oil)

EHS – Extremely Hazardous Substance (Aldrin, Ammonia<Chlorine, Formaldehyde, etc.)

HS – Hazardous Substance (Acid, Arsenic, Bases, Corrosion Inhibitor, Dioxin, Glycol, etc.)

NC – Non Crude Oil (Aviation Fuel, Bilge Oil, Diesel, Lube Oil, Hydraulic Oil, etc.)

PW – Process Water

UNK – Unknown

PRODUCT SPILLED

Name of the spilled product.

QUANTITY SPILLED

Amount released to the environment.

QUANTITY CONTAINED

Product contained that is recoverable. If 50 gallons of 100 gallon spilled was in a secondary containment (non permeable containment), you would write 50 gallons in this field. If 2 gallons of 5 gallons spill was contained using a boom, you would write 2 gallons in this field.

QUANTITY RECOVERED

Amount of free product that was recovered.

QUANTITY DISPOSED

Amount of free product that was recovered for disposal.

POTENTIAL RESPONSIBLE PARTY

Name/Business – Name of individual or business responsible for the spill incident.

Mailing Address – Mailing address for correspondence.

Contact Name/Number – Name and number of the person who will be the main point of contact for the spill incident.

PRP (POTENTIAL RESPONSIBLE PARTY) TYPE

Select from the list.

FACILITY TYPE

Select from the list.

SOURCE OF SPILL

Indicate where the spilled product came from.

SOURCE CLASSIFICATION

Select from the list.

CAUSE OF SPILL

Indicate what caused the spill incident.

CAUSE CLASSIFICATION

Select from the list.

CLEANUP ACTIONS

Describe action taken to cleanup the spill.

DISPOSAL METHOD AND LOCATION

State how the waste will be handled. If the contaminated items are shipped or taken to another facility, a copy of the waste manifest must be submitted to ADEC.

SURFACE AREA AFFECTED

Indicate the size of affected area (e.g. 20 x 20 ft).

SURFACE TYPE

Describe the surface that was impacted by the discharge (e.g. Wide Bay, asphalt, gravel, snow, etc.).