

SPILL/INCIDENT REPORT FORM

NOTIFY ARCC ASAP @ (424) 646-LAWA WHEN SPILL ENTERS STORM DRAIN

SUBMIT FORM TO STORMWATER@LAWA.ORG NO LATER THAN 24 HOURS AFTER SPILL OCCURRED

Report: Spills over 1 gal in volume (1 gallon could cover more than 60 square feet).
 Any product enters into a storm drain.
 Any spill that you are not sure whether it is reportable or not.
 Any size spill that has a regulatory requirement to be reported.

IF ANY INFORMATION IS UNKNOWN, LEAVE BLANK FOR LAWA FOLLOW-UP.

Person Reporting		Date of Report:	
Name:	Company:	Phone:	Email:
Date of Incident:	Material(s) Spilled/Discharged (i.e. Jet-A, gas, etc.):	Quantity Spilled (gal):	
Time of incident:			
Weather Conditions:			
Location of Spill (photo document):		Extent of Spill (Square Feet) (photo document):	
Leaseholder Company Name:			
Leaseholder's Representative Name:			
Phone:		Email:	
Company Responsible for Spill/Incident:			
Company Contact Person:			
Phone:		Email:	
Person In Charge of Clean Up			
Name:	Company:	Phone:	
Quantity Contained:	Containment Method(s):	Quantity Recovered:	
Did Discharge Leave Lease Boundary?	Spill Area:	Storm Drain(s) Impacted?	Soil Impacted?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Indoor <input type="checkbox"/> Outside <input type="checkbox"/> Outside Covered	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immediate Actions Taken:			Spill Characteristics (i.e. Phys/Chem):
<input type="checkbox"/> Containment <input type="checkbox"/> Evacuation <input type="checkbox"/> System Shutdown <input type="checkbox"/> Foam Retardant <input type="checkbox"/> Neutralization <input type="checkbox"/> Other _____			
Source of Spill (Ex. Pipeline, Vehicle, Aircraft, Etc):			
Cause of Spill or Factors Contributing to Release:			Disposal Method of Recovered Material:
<input type="checkbox"/> Equipment Failure <input type="checkbox"/> Training Deficiencies <input type="checkbox"/> Operator Error <input type="checkbox"/> Weather Conditions <input type="checkbox"/> Faulty Process Design <input type="checkbox"/> Other _____			
ARCC Notified?	Fire Dept Notified?	LAWA Environmental Notified?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes Who: _____ <input type="checkbox"/> No When: _____ <input type="checkbox"/> No	
Actions Taken to Prevent Re-Occurrence:			
FOR ELUP USE ONLY: Discharged from SW Conveyance System? <input type="checkbox"/> Toxic Materials ID'ed in 40 CFR §302? Name: _____ <input type="checkbox"/> Oil & Haz Subst Exceeding RQ (40 CFR §§ 110, 117, & 302)? Name: _____ <input type="checkbox"/> Approx QTY of material discharged from SW conveyance. _____ <input type="checkbox"/> Manifest # _____			