

TABLE 3 - SPILL NOTIFICATION DATA SHEET

LOCATION	FACILITY NAME AND NUMBER		DATE	TIME		AM PM
	LOCATION ADDRESS		COUNTY			
	CITY/STATE/ZIP CODE		TELEPHONE			
INCIDENT TYPE	DATE AND TME OF INCIDENT					
	TYPE OF MATERIAL DISCHARGED					
	ESTIMATED QUANTITY OF DISCHARGED MATERIAL					
	SOURCE OF DISCHARGE					
	DESCRIPTION OF AFFECTED MEDIA					
	CAUSE OF THE DISCHARGE					
	ANY DAMAGE OR INJURY					
	ACTIONS USED TO STOP OR REMOVE AND MITIGATE EFFECTS OF THE DISCHARGE					
	EVACUATION NECESSARY					
	<input type="checkbox"/> AREA SUPERVISOR NOTIFIED	DATE TIME	<input type="checkbox"/> DIST. MGR NOTIFIED	DATE TIME	<input type="checkbox"/> REG MGR. DATE NOTIFIED TIME	
	<input type="checkbox"/> ENVIRON. MGR. NOTIFIED	DATE TIME	NAME OF INDIVIDUAL TAKING REPORT DATE TIME			
Local Fire Dept. Notified	NAME OF FIRE DEPT.		NAME OF INDIVIDUAL TAKING REPORT	Rept.#	Date	Time
GOVT. AGENCIES NOTIFIED (if applicable)	NATIONAL RESPONSE CENTER (1-800-424-8802)		NAME OF INDIVIDUAL TAKING REPORT	Rept #	Date	Time
	STATE ERT (1-800-928-2380)		NAME OF INDIVIDUAL TAKING REPORT	Rept #	Date	Time
	OTHER – STATE / COUNTY, ETC.		NAME OF INDIVIDUAL TAKING REPORT	Rept #	Date	Time
Incident Description, Action Taken, General Comments						
Prepared by			TITLE	DATE		

District No. _____

District Name _____