ATTACHMENT A
HAZARDOUS SUBSTANCES SPILL REPORT

Reporter's Name and Rank/Rate:_____

Activity:_____ **Phone:**_____

Report Date:_____/_____/_____**Report Time:**_____

STEP 1

Spilling Activity:_____ **Bldg #:**_____ **Hangar #:**_____

Spilling Activity Contact:_____ **Phone:**_____

Spill Date:_____ **Spill Time:**_____

Chemical Name:_____ **Trade Name:**_____

Hazard: [ ]Flammable [ ] Combustible [ ] Oxidizer [ ] Acid [ ] Base [ ] Poison [ ] Other_____

Quantity Spilled:_____ **[ ] Gallons [ ] Pounds [ ] Liquid [ ] Sludge**

Location of Spill:_____

Description of Site Contamination: [ ] Inside [ ] Outside [ ] Storm Drain [ ] Sewer
[ ] Soil [ ] Gravel [ ] Asphalt [ ] Concrete [ ] Other_____

Cause of Spill:_____

_____

Action Taken by Activity:_____

_____

STEP 2

Notifications by discoverer	**[ ] Fire Department [ ] Ambulance [ ] ARFF**	**911 (99-911)**
	[ ] MCAS Command Duty Officer	**577-1141**
	[ ] Environmental Management Department	**577-1108**
	[ ] Provost Marshal Office	**577-4068**

STEP 3

Response Start Time:_____ **Response End Time:**_____

Response Team Members:_____

Action Taken By Response Team:_____

_____

**** ATTACH COPY OF SITE MAP AND DRAW IN LOCATION OF SPILL**

(Submit to Environmental Management Department)