

# HAZARDOUS SPILL INCIDENT REPORT

Reporting Party Name:	Date of Call: / /	Time of Call: <input type="checkbox"/> Military or : <input type="checkbox"/> AM <input type="checkbox"/> PM
Title:	Address:	City: Zip Code:
Reporting Party's Organization:	Office Telephone Number:	Cell/Personal Number:

## SPILL DETAILS

Chemical Name(s) or Released Substance(s):	Quantity Released: <input type="checkbox"/> LBS <input type="checkbox"/> GAL	Spill Type: <input type="checkbox"/> Facility <input type="checkbox"/> Transportation <input type="checkbox"/> Vessel	Date of Spill: / /
CAS No(s):	Reportable Quantity Spilled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Release Medium: <input type="checkbox"/> Air <input type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Other _____	Time of Release: <input type="checkbox"/> Military or : <input type="checkbox"/> AM <input type="checkbox"/> PM
			Release Duration: <input type="checkbox"/> Minutes <input type="checkbox"/> Hours <input type="checkbox"/> Days

Incident's Address or Location Description:
Description of Incident:

Any Known Health Risks:	Evacuation Necessary:	Level Declared:	Declaration Authority:	Date: / /
				Time: :

Additional Comments/ Information:
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## ADDITIONAL FACILITY CONTACT

Company:	Facility:	Time Notified: :
Address:	City:	Zip Code:
Contact Name:	Title:	Telephone: ( ) -
Additional Comments/ Information:		

**Upon completion of form, scan/email to [cecomssupervisors@cuyahogacounty.us](mailto:cecomssupervisors@cuyahogacounty.us) or fax to 216-443-5705**