

SAMPLE SPILL RECORD SHEET

Location: _____
(Address of the facility and where at the facility)

Date and Time of the Spill : _____
(If time it happened is not known record time the spill was discovery):

The type of Spill:
(Record/describe the spilled substance, appearance, colour etc.)

Did the Spill Enter Sanitary Sewer or Storm Drain

Sewer	YES		NO	
Drain	YES		NO	

Action Taken:
(Record what was done and by who, Refer to Spill Response Plan)

Who Was contacted
(Record names and times contacted, Refer to Spill Response Plan)

Report Filled out By:

Print Name _____ **Signature** _____ **Date:** _____