

Spill/Release Incident Reporting Form

County Operations Pollution Prevention/Good Housekeeping Program
Trumbull County SWMP

- 1. Date of spill/release: _____
- 2. Location: _____
- 3. Time of spill/release: _____ a.m. / p.m.
- 4. Material spilled/released: _____
- 5. Amount spilled/released: _____
- 6. Cause of spill/release: _____

Promptly forward a copy of this form to Trumbull County Regional Stormwater District when completed.

The original should be kept onsite.

- 7. Description of scene (e.g., type of media contaminated (e.g., soil), distance to storm sewers, if spill/release was contained):

- 8. Description of clean-up actions taken (e.g., how spill/release was contained (e.g., absorbent pillows), where recovered material was placed, how much material was not recovered, remaining actions to be taken): _____

- 9. List of offsite emergency responders contacted:

- 10. List of offsite emergency responders at scene:

- 11. Action taken to prevent recurrence: _____

- 12. Signature: _____
Printed Name: _____

Use back of form for additional space as needed. Completed forms should be kept onsite.