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: ______________________

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.