



# ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION OIL & HAZARDOUS SUBSTANCES SPILL NOTIFICATION FORM

ADEC USE ONLY

ADEC SPILL #:	ADEC FILE #:	ADEC LC:
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<b>PERSON REPORTING:</b>		<b>PHONE NUMBER:</b>		<b>REPORTED HOW? (ADEC USE ONLY)</b> <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> PERS <input type="checkbox"/> E-mail	
<b>DATE/TIME OF SPILL:</b>		<b>DATE/TIME DISCOVERED:</b>		<b>DATE/TIME REPORTED TO ADEC:</b>	
<b>INCIDENT LOCATION/ADDRESS:</b>			<b>DATUM:</b> <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 <input type="checkbox"/> Other _____		<b>PRODUCT SPILLED:</b>
			LAT. _____		
			LONG. _____		
<b>QUANTITY SPILLED:</b> <input type="checkbox"/> gallons <input type="checkbox"/> pounds		<b>QUANTITY CONTAINED:</b> <input type="checkbox"/> gallons <input type="checkbox"/> pounds		<b>QUANTITY RECOVERED:</b> <input type="checkbox"/> gallons <input type="checkbox"/> pounds	
<b>POTENTIAL RESPONSIBLE PARTY:</b>		<b>OTHER PRP, IF ANY:</b>		<b>VESSEL NAME:</b>	
<i>Name/Business:</i>				<b>VESSEL NUMBER:</b>	
<i>Mailing Address:</i>					
<i>Contact Name:</i>				<b>&gt; 400 GROSS TON VESSEL:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Contact Number:</i>					
<b>SOURCE OF SPILL:</b>				<b>CAUSE CLASSIFICATION:</b>	
<b>CAUSE OF SPILL:</b> <input type="checkbox"/> Under Investigation				<input type="checkbox"/> Accident <input type="checkbox"/> Human Factors <input type="checkbox"/> Structural/Mechanical <input type="checkbox"/> Other	
<b>CLEANUP ACTIONS:</b>					
<b>DISPOSAL METHODS AND LOCATION:</b>					
<b>AFFECTED AREA SIZE:</b>		<b>SURFACE TYPE:</b> <i>(gravel, asphalt, name of river etc.)</i>		<b>RESOURCES AFFECTED/THREATENED:</b> <i>(Water sources, wildlife, wells, etc.)</i>	
<b>COMMENTS:</b>					

ADEC USE ONLY

<b>SPILL NAME:</b>		<b>NAME OF DEC STAFF RESPONDING:</b>		<b>C-PLAN MGR NOTIFIED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>DEC RESPONSE:</b> <input type="checkbox"/> Phone follow-up <input type="checkbox"/> Field visit <input type="checkbox"/> Took Report		<b>CASELOAD CODE:</b> <input type="checkbox"/> First and Final <input type="checkbox"/> Open/No LC <input type="checkbox"/> LC Assigned		<b>CLEANUP CLOSURE ACTION:</b> <input type="checkbox"/> NFA <input type="checkbox"/> Monitoring <input type="checkbox"/> Transferred to CS or STP	
<b>COMMENTS:</b>		<b>Status of Case:</b> <input type="checkbox"/> Open <input type="checkbox"/> Closed		<b>DATE CASE CLOSED:</b>	
<b>REPORT PREPARED BY:</b>				<b>DATE:</b>	