



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

ADEC USE ONLY

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

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