



ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION

OIL & HAZARDOUS SUBSTANCES SPILL NOTIFICATION

ADEC SPILL #		ADEC FILE #		ADEC LC					
PERSON REPORTING		PHONE NUMBER		REPORTED HOW? Troopers    phone    fax					
DATE/ TIME OF SPILL		DATE/TIME DISCOVERED		DATE/TIME REPORTED					
LOCATION/ADDRESS		LAT.	SUBSTANCE TYPE A) CR EHS HS NC PW UNK B) CR EHS HS NC PW UNK		PRODUCT A) B)				
		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	QUANTITY DISPOSED <input type="checkbox"/> gallons <input type="checkbox"/> pounds						
POTENTIAL RESPONSIBLE PARTY    C-Plan Holder? YES <input type="checkbox"/> NO <input type="checkbox"/>		FACILITY TYPE							
SOURCE OF SPILL					<input type="checkbox"/> >400 GT Vessel?				
CAUSE OF SPILL (List Primary Cause first)					<input type="checkbox"/> Accident <input type="checkbox"/> Human Factors <input type="checkbox"/> Structural/Mechanical <input type="checkbox"/> Other				
CLEANUP ACTIONS									
DISPOSAL METHODS AND LOCATION									
RESOURCES AFFECTED/THREATENED (Water sources, wildlife, wells. etc.)				AIR	LAND	MARINE	FRESH	SURF. AREA AFFECTED	SURF. TYPE
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
COMMENTS									

DEC USE ONLY

SPILL NAME, IF ANY			NAMES OF DEC STAFF RESPONDING			C-PLAN MGR NOTIFIED YES <input type="checkbox"/> NO <input type="checkbox"/> _____			
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				
STATUS OF CASE (circle)    OPEN    CLOSED			DATE CASE CLOSED _____						
COMMENTS:									
REPORT PREPARED BY						DATE			