

MARYLAND DEPARTMENT of the ENVIRONMENT
 1800 WASHINGTON BOULEVARD
 BALTIMORE, MARYLAND. 21230
 (410) 537-3000
 1-800-633-6101 (within Maryland)
 http://www.mde.state.md.us



State of Maryland
 Department of the Environment
 Emergency Response Division
 1800 Washington Blvd. Suite #105
 Baltimore, Maryland. 21230-1721





24 HOUR SPILL REPORTING
 (Toll Free) 1-866-633-4686
 EMERGENCY RESPONSE OFFICE
 (410) 537-3975
 RESPONSE OFFICE FACSIMILE
 (410) 537-3932

PURSUANT TO THE PROVISIONS OF STATE LAW AND REGULATION; (COMAR 26.10.01.03) "A PERSON DISCHARGING OR PERMITTING THE DISCHARGE OF OIL, OR WHO EITHER ACTIVELY OR PASSIVELY PARTICIPATES IN THE DISCHARGE OR SPILLING OF OIL, EITHER FROM A LAND BASED INSTALLATION, INCLUDING VEHICLES IN TRANSIT, OR FROM ANY VESSEL SHIP OR BOAT OF ANY KIND, SHALL REPORT THE INCIDENT IMMEDIATELY TO THE ADMINISTRATION." " THE REPORT OF AN OIL SPILL OR DISCHARGE SHALL BE MADE TO THE ADMINISTRATION IMMEDIATELY, BUT NOT LATER THAN TWO HOURS AFTER DETECTION OF THE SPILL." *** FIRE DEPARTMENT PERSONNEL . SEE REVERSE ***

ADC Map Coord _____ Date of spill: Mo. ___ / Day ___ / Yr. 20 ___ Time of spill: ___ : ___ : ___ Hours (24 hour clock)
 Fire Department Report No.: _____ Police Department Report No.: _____

Location of spill - Street address: _____ _____ City / Town _____ MD County _____ Zip _____	Product Name: _____ <small>(Indicate Gasoline, Diesel, Heating Oil, Chemical Name or UN ID etc.)</small> Container Type: _____ <small>(Indicate AST, UST, Transformer, Saddle Tank, Drum etc.)</small>	Capacity of Vessel, Vehicle or Tank: _____ Gallons Amount <u>IN</u> Vessel, Vehicle or Tank: _____ Gallons Estimated Amount Spilled: _____ Gallons
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Transportation Incident: _____ <small>(Indicate Type of Auto, Truck, Train, Aircraft or Watercraft etc.)</small> Fixed Facility Incident: _____ <small>(Indicate Type of Industrial, Commercial, Residential etc.)</small>	<input type="checkbox"/> Contained on Land <input type="checkbox"/> Entered Storm Drain or Ditch <input type="checkbox"/> Entered Sanitary Sewer <input type="checkbox"/> Is Below Ground <input type="checkbox"/> Entered surface waters: _____ 	Vehicle Tag Number and State: _____ DOT or ICC MC Number: _____ Hull Numbers and Name: _____
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Person(s) Responsible for Spill: (Driver if Vehicle) Name: _____ Address: _____ City/State: _____ Zip: _____ Phone: _____ Drivers Lic.No. _____ State: _____	Be Sure to Complete Both Sections  Don't Forget to Sign Below	Company Responsible for Spill: (N/A if private citizen.) Name: _____ Address: _____ City/State: _____ Zip: _____ Phone: _____ Fed. Employer ID No. _____
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Cause of Spill: <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Personnel Error/Vandalism <input type="checkbox"/> Tank/Container/Pipe Leak <input type="checkbox"/> Mechanical Failure <input type="checkbox"/> Transfer Accident <input type="checkbox"/> _____	Identify All Groups that Participated in Spill Mitigation : <input type="checkbox"/> Responsible Party <input type="checkbox"/> MDE ERD # _____ # _____ <input type="checkbox"/> Federal : _____ <input type="checkbox"/> State : _____ <input type="checkbox"/> Local : _____ <input type="checkbox"/> Contractor: _____	Materials used by You to contain/clean-up spill: Sorbent Dust: _____ Bags Sorbent Pads: _____ each or bales Sorbent Booms: _____ each or bales Sorbent Sweeps: _____ each or bales Overpack Drums : _____ ea. Steel or Poly Other: _____
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Responsible Party : Describe circumstances contributing to the spill. (Additional space on back) [Optional for FD or Gov't Personnel]

Responsible Party : Describe Containment, Removal and Clean-up operations, including disposal. (Additional space on back) [Optional for FD or Gov't Personnel]

Responsible Party : Procedures, Methods and Precautions instituted to prevent recurrence of the spill. (Additional space on back) [Optional for FD or Gov't Personnel]

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF HIS OR HER KNOWLEDGE AT THE TIME THE REPORT WAS COMPLETED.
Print Name: _____ **Company or Fire Department:** _____
Address : _____ **City / State / Zip** _____
Telephone _____ **Signature** _____