

# Spill Response Reporting Form

Email completed form to 377 MSG/CEIEC at [kirtlandenvmgt@us.af.mil](mailto:kirtlandenvmgt@us.af.mil) as soon as possible after the spill.  
 If more space is necessary to fully describe the incident, please attach additional sheets.  
 Provide a copy of completed form and any attachments to your Unit Environmental Coordinator.

When Spill Occurred			
Date (YYYYMMDD)	Time Release Began (24-hour)	Time Release Stopped (24-hour)	
Location of Spill			
Nearest Building and Unit:		Distance/Direction From Nearest Building:	
Personnel Responding to the Scene			
<input type="checkbox"/> Fire Department	<input type="checkbox"/> Haz Waste Contractor	<input type="checkbox"/> Wing Safety	
<input type="checkbox"/> Environmental Mgt (CEIEC)	<input type="checkbox"/> Security Forces	<input type="checkbox"/> Unit (specify)	
<input type="checkbox"/> Base Maintenance Contractor	<input type="checkbox"/> BioEnvironmental	<input type="checkbox"/> Other (specify)	
Spill Details			
Source of Spill:	<input type="checkbox"/> Aircraft (type:            )	<input type="checkbox"/> Vehicle (type:            )	<input type="checkbox"/> Other (type:            )
Material spilled:		Estimated Quantity/Units:	
Spill Type:	<input type="checkbox"/> Class I: <2 ft in any direction	<input type="checkbox"/> Class II: <10 ft in any direction	<input type="checkbox"/> Class III: >10 ft in any direction
Site Conditions:	<input type="checkbox"/> Indoors	<input type="checkbox"/> Pavement	<input type="checkbox"/> Rain/snow at time of spill
	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Cracked pavement	<input type="checkbox"/> Oil water separator in area
	<input type="checkbox"/> Dirt	<input type="checkbox"/> Windy	<input type="checkbox"/> Storm/sewer drain in area
	<input type="checkbox"/> Other environmental considerations (specify):		
Describe how the spill happened:			
Were there injuries? If yes, describe each injury and medical assistance each individual received.			
Actions Taken	<input type="checkbox"/> Absorbent Used (how much?)	<input type="checkbox"/> Soil Excavated (how much?)	<input type="checkbox"/> Entry into drains/sumps prevented
	<input type="checkbox"/> Area Cordoned Off	<input type="checkbox"/> Dikes Established	<input type="checkbox"/> Warning Alarm Sounded
	<input type="checkbox"/> Area Evacuated	<input type="checkbox"/> Pictures Taken (Class II and Class III spills only)	
	<input type="checkbox"/> Other Actions (specify):		
What steps are planned to reduce, eliminate, and prevent recurrence of a similar spill?			
Report Completed by:			
Name:		Phone:	
Unit/Organization:		Email:	
Date and time <b>report</b> emailed to CEIEC:			
Date and time <b>pictures</b> emailed to CEIEC (if applicable):			