



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:

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	QUANTITY DISPOSED: <input type="checkbox"/> gallons <input type="checkbox"/> pounds
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POTENTIAL RESPONSIBLE PARTY:	OTHER PRP, IF ANY:	VESSEL NAME:
<i>Name/Business:</i>		
<i>Mailing Address:</i>		VESSEL NUMBER:
<i>Contact Name:</i>		> 400 GROSS TON VESSEL:
<i>Contact Number:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No

SOURCE OF SPILL:	CAUSE CLASSIFICATION:
CAUSE OF SPILL:	<input type="checkbox"/> Accident <input type="checkbox"/> Human Factors <input type="checkbox"/> Structural/Mechanical <input type="checkbox"/> Other
	<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>
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COMMENTS:

ADEC USE ONLY

SPILL NAME:	NAME OF DEC STAFF RESPONDING:	C-PLAN MGR NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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
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COMMENTS:	Status of Case: <input type="checkbox"/> Open <input type="checkbox"/> Closed	DATE CASE CLOSED:
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REPORT PREPARED BY:	DATE:
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