

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>	<b>Capacity</b> of Vessel, Vehicle or Tank: _____ Gallons <b>Amount</b> <u>IN</u> Vessel, Vehicle or Tank: _____ Gallons Estimated <b>Amount Spilled</b> : _____ 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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<b>Person(s) Responsible for Spill:</b> (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	<b>Company Responsible for Spill:</b> (N/A if private citizen.) Name: _____ Address: _____ City/State: _____ Zip: _____ Phone: _____ Fed. Employer ID No. _____
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<b>Cause of Spill:</b> <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"/> _____	<b>Identify All Groups that Participated in Spill Mitigation :</b> <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: _____	<b>Materials used <u>by You</u> to contain/clean-up spill:</b> 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]

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

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

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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 \_\_\_\_\_

