

Chemical Spill Report Form

Please forward to: Durham County Triangle WWTP

Attn: Compliance Manager

Fax (919) 544-8590 or

Email: sbrixey@dconc.gov

Spills should be reported verbally within 24-hours of occurrence to (919) 560-9033. This report should be completed and faxed or emailed to the Compliance Manager following the verbal notification.

Company Name: _____

Company Address: _____

Reporting Person: _____ Telephone: _____

Date of Spill: _____ Time of Spill: _____ Building: _____

Material Spilled: _____ Amount Spilled: _____

Did material spilled discharge to a drain? _____ If so, where does the drain discharge to: _____

Is the spill contained? _____

Describe how the spill occurred to the best of your knowledge. Include any relevant circumstances in as much detail as possible. _____

What corrective actions were taken to control and clean up the spill? _____

If spilled material was contained, how will the material be disposed of? _____

List any existing or potential hazards that either caused or resulted from the incident. _____

Any additional information relating to the incident: _____

24-hour notification made: ___ Yes ___ No Date: _____ Time: _____

Name of Person Contacted: _____

As a representative for the responsible party, I certify that the information contained in this report is true and accurate to the best of my knowledge.

Signature and Title

Date