

Spill Report Form

Please submit this form to spillreports@poncatribene.org within 48 hours of the spill

Date the spill was noticed: ____/____/____

Time: _____AM/PM

Name(s) of the reporting person(s): _____

What material was spilled: _____

How much was spilled (estimation if actual is not known): _____

Where was it spilled (location and also what substrate, i.e. concrete, grass, drain, water, etc) _____

Cause and duration of the spill: _____

Is the spill secured (no longer releasing into the environment): ____ Yes ____ No

Any injuries: ____ Yes ____ No

Evacuations: ____ Yes ____ No

Materials used to clean the spill: _____

Any supplies need restocked: _____

Any questions or concerns please contact the Environmental Department at 402-438-9222