HAZARDOUS WASTE & HAZARDOUS MATERIAL
SPILL OR DISCHARGE REPORT FORM

All spills should be reported to the Department of Public Safety (State Police) immediately at 800-452-4664. Additionally, hazardous waste spills must be reported in writing to the DEP within 15 days. Hazardous material spills must be reported in writing to the DEP within 30 days. This form should be filled out by the spillor and returned to the DEP at the following address: Maine DEP, BRWM, 17 State House Station, Augusta, ME 04333

DATE & TIME OF CHEMICAL RELEASE: _______________________________________

NAME & ADDRESS OF COMPANY: ______________________________________________

EXACT LOCATION OF SPILL: __________________________________________________

CHEMICAL SPILLED: _________________________________________________________

AMOUNT:____________________________________________________________________

CIRCUMSTANCES CAUSING RELEASE:_________________________________________

____________________________________________________________________________

____________________________________________________________________________

AMOUNT OF CHEMICAL RECOVERED: _________________________________________

METHOD OF RECOVERY:______________________________________________________

METHOD & LOCATION OF DISPOSAL: __________________________________________

____________________________________________________________________________

WERE THERE ANY PERSONAL INJURIES, HOSPITALIZATIONS OR DEATHS?

____________________________________________________________________________

____________________________________________________________________________

ACTIONS TAKEN TO PREVENT SIMILAR INCIDENT FROM RECURRING: __________

____________________________________________________________________________

____________________________________________________________________________

 WAS THIS INCIDENT REPORTED IMMEDIATELY? DATE: _______ TIME:__________

CONTACT’S NAME:____________________ PHONE#____________________

REPORT PREPARED BY:____________________________________ DATE: __________