



ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
**OIL & HAZARDOUS SUBSTANCES SPILL NOTIFICATION FORM**

**ADEC USE ONLY**

ADEC SPILL #:	ADEC FILE #:	ADEC LC:
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<b>PERSON REPORTING:</b>	<b>PHONE NUMBER:</b>	<b>REPORTED HOW? (ADEC USE ONLY)</b> <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Troopers
<b>DATE/TIME OF SPILL:</b>	<b>DATE/TIME DISCOVERED:</b>	<b>DATE/TIME REPORTED:</b>

<b>INCIDENT LOCATION/ADDRESS:</b>	<b>DATUM:</b> <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 <input type="checkbox"/> Other _____	<b>PRODUCT SPILLED:</b>
	<b>LAT.:</b>	
	<b>LONG.:</b>	

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

<b>SOURCE OF SPILL:</b>	<b>CAUSE CLASSIFICATION:</b>
<b>CAUSE OF SPILL:</b>	<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:**

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**DISPOSAL METHODS AND LOCATION:**

<b>AFFECTED AREA SIZE:</b>	<b>SURFACE TYPE:</b> <i>(gravel, asphalt, name of river etc.)</i>	<b>RESOURCES AFFECTED/THREATENED:</b> <i>(Water sources, wildlife, wells, etc.)</i>
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**COMMENTS:**

**ADEC USE ONLY**

<b>SPILL NAME:</b>	<b>NAME OF DEC STAFF RESPONDING:</b>	<b>C-PLAN MGR NOTIFIED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>DEC RESPONSE:</b> <input type="checkbox"/> Phone follow-up <input type="checkbox"/> Field visit <input type="checkbox"/> Took Report	<b>CASELOAD CODE:</b> <input type="checkbox"/> First and Final <input type="checkbox"/> Open/No LC <input type="checkbox"/> LC Assigned	<b>CLEANUP CLOSURE ACTION:</b> <input type="checkbox"/> NFA <input type="checkbox"/> Monitoring <input type="checkbox"/> Transferred to CS or STP
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<b>COMMENTS:</b>	<b>Status of Case:</b> <input type="checkbox"/> Open <input type="checkbox"/> Closed	<b>DATE CASE CLOSED:</b>
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<b>REPORT PREPARED BY:</b>	<b>DATE:</b>
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