

Office of Environmental Health Risk Control

After Hour Incident Form (refer to appropriate section of After Hours Spill Protocol)

Date _____ Time _____:_____

Call via: I page Phone Complaint DEC Page

Caller _____

Caller Phone Number _____

Was NYSDEC notified? Y NYSDEC Spill # _____
N Call NYSDEC Spill Hotline 1-800-457-7362

Nature of Call _____

Address _____

Municipality _____

Spill/Release Type: Petroleum Chemical Mercury Asbestos Other

Time Incident Occurred _____

What has spilled _____

Amount Spilled _____

Where has the material gone to _____

What are the potential receptors _____

Address _____

Municipality _____

Responsible Party (if Known) _____

Are there plans for evacuation and/or reoccupancy? _____

What agencies are on scene or en route? _____

NOTES

Discussed with Environmental Backup? Y N

Decision to call out staff Y N EB Name _____

Person called out _____ Time _____:_____