UNIVERSITY OF MAINE

SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN

OIL SPILL/LEAK REPORT FORM

Part 1 - Facility Name, Address and Telephone

University of Maine, Office of Facilities Management
US Route 2A, 5765 Service Building, Room 113
Orono, ME 04469 – 5765
TEL: 207-581-3049  FAX: 207-581-2673

CONTACT PERSON: Scott Wilkerson, FM Safety Office, Facilities Management
Please call 581-3049 or 949-3857 w/questions about this form.

Part II - Spill Information

Type of material discharged: ________________________________
Total volume est. and basis: ________________________________
Duration from _______ on _______ to _______ on _______
   (time)       (date)       (time)       (date)
Volume discharged to navigable waters or adjoining shoreline: ________________
Spill source and exact location: ________________________________

Part III - Narratives - Attach Additional Pages as Needed

Description of all affected media: ________________________________
   ________________________________
   ________________________________
   ________________________________
Cause of discharge: ________________________________
   ________________________________
   ________________________________
   ________________________________
Actions being used to stop, remove and mitigate the affects of the discharge: ________________________________
   ________________________________
   ________________________________
   ________________________________

Part III - Evacuation

Due to the nature and size of the spill will an evacuation be required ________________________________

Part V - Reporting

Provide the names of individuals and organizations who have also been contacted.

1. ________________________________
2. ________________________________
3. ________________________________

This Report Made by: ________________________________ (Print Name) ________________________________ (Print Title)

I hereby certify that the information contained in this report is accurate and complete.

Signature: ________________________________ Date: ________________________________

Fax Completed Spill/Leak Report Forms to the FM Safety Office at 581-2673