

MARYLAND DEPARTMENT of the ENVIRONMENT
1800 WASHINGTON BOULEVARD
BALTIMORE, MARYLAND. 21230
(410) 537-3000
1-800-633-6101 (within Maryland)
MDE.MARYLAND.GOV



State of Maryland
Department of the Environment
Emergency Response Division
1800 Washington Blvd. Suite #105
Baltimore, Maryland. 21230-1721



24 HOUR SPILL REPORTING
(Toll Free) 1-866-633-4686
EMERGENCY RESPONSE OFFICE
(410) 537-3975
RESPONSE OFFICE E MAIL
mdeerd.mema@maryland.gov

PURSUANT TO THE PROVISIONS OF STATE LAW AND REGULATION; (COMAR 26.10.01.03) "A PERSON DISCHARGING OR PERMITTING THE DISCHARGE OF OIL, OR WHO EITHER ACTIVELY OR PASSIVELY PARTICIPATES IN THE DISCHARGE OR SPILLING OF OIL, EITHER FROM A LAND BASED INSTALLATION, INCLUDING VEHICLES IN TRANSIT, OR FROM ANY VESSEL SHIP OR BOAT OF ANY KIND, SHALL REPORT THE INCIDENT IMMEDIATELY TO THE ADMINISTRATION." " THE REPORT OF AN OIL SPILL OR DISCHARGE SHALL BE MADE TO THE ADMINISTRATION IMMEDIATELY, BUT NOT LATER THAN TWO HOURS AFTER DETECTION OF THE SPILL." *** FIRE DEPARTMENT PERSONNEL . SEE REVERSE ***

ADC Map Coord _____ Date of spill: Mo. ___ / Day ___ / Yr. 20 ___ Time of spill: ___ : ___ : ___ Hours (24 hour clock)
Fire Department Report No.: _____ Police Department Report No.: _____

Location of spill - Street address: _____
City / Town _____
MD County _____
Zip _____
Product Name: _____
(Indicate Gasoline, Diesel, Heating Oil, Chemical Name or UN ID etc.)
Container Type: _____
(Indicate AST, UST, Transformer, Saddle Tank, Drum etc.)
Capacity of Vessel, Vehicle or Tank: _____ Gallons
Amount IN Vessel, Vehicle or Tank: _____ Gallons
Estimated Amount Spilled: _____ Gallons

Transportation Incident: _____
(Indicate Type of Auto, Truck, Train, Aircraft or Watercraft etc.)
Fixed Facility Incident: _____
(Indicate Type of Industrial, Commercial, Residential etc.)
 Contained on Land
 Entered Storm Drain or Ditch
 Entered Sanitary Sewer
 Is Below Ground
 Entered surface waters: _____
Waterway Name: _____
Vehicle Tag Number and State: _____
DOT or ICC MC Number: _____
Hull Numbers and Name: _____

Person(s) Responsible for Spill: (Driver if Vehicle)
Name: _____
Address: _____
City/State: _____ Zip: _____
Phone: _____
Drivers Lic.No. _____ State: _____
Company Responsible for Spill: (N/A if private citizen.)
Name: _____
Address: _____
City/State: _____ Zip: _____
Phone: _____
Fed. Employer ID No. _____
Be Sure to Complete Both Sections
Don't Forget to Sign Below

Cause of Spill:
 Motor Vehicle Accident
 Personnel Error/Vandalism
 Tank/Container/Pipe Leak
 Mechanical Failure
 Transfer Accident

Identify All Groups that Participated in Spill Mitigation : Responsible Party
 MDE ERD # _____ # _____
 Federal : _____
 State : _____
 Local : _____
 Contractor: _____
Materials used by You to contain/clean-up spill:
Sorbent Dust: _____ Bags
Sorbent Pads: _____ each or bales
Sorbent Booms: _____ each or bales
Sorbent Sweeps: _____ each or bales
Overpack Drums : _____ ea. Steel or Poly
Other: _____

Responsible Party : Describe circumstances contributing to the spill. (Additional space on back) [Optional for FD or Gov't Personnel]

Responsible Party : Describe Containment, Removal and Clean-up operations, including disposal. (Additional space on back) [Optional for FD or Gov't Personnel]

Responsible Party : Procedures, Methods and Precautions instituted to prevent recurrence of the spill. (Additional space on back) [Optional for FD or Gov't Personnel]

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF HIS OR HER KNOWLEDGE AT THE TIME THE REPORT WAS COMPLETED.
Print Name: _____ Company or Fire Department: _____
Address : _____ City / State / Zip _____
Telephone _____ Signature _____

