

## Appendix C: Incident Report for Spills

**MONMOUTH UNIVERSITY  
OFFICE OF COMPLIANCE  
INCIDENT REPORT – SPILLS**

Date: \_\_\_\_\_

**REPORTING PARTY**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**INCIDENT DESCRIPTION**

- Occurred
- Discovered

Location: \_\_\_\_\_ Time: \_\_\_\_\_

Material Involved: \_\_\_\_\_ Approximate Amount: \_\_\_\_\_ *Attach SDS sheet*

Weather conditions: \_\_\_\_\_ Source/Cause: \_\_\_\_\_

Transporting Vehicle or Container \_\_\_\_\_

Responsible party/company \_\_\_\_\_

*Please answer the following questions to the best of your ability:*

1. The number and type of injuries, if any \_\_\_\_\_
2. Was there any dangers/threats posed by the spill? \_\_\_\_\_
3. Was there any damage to roadway, property or other? \_\_\_\_\_
4. Did spill enter any drains/sewers? Was it absorbed into soil/ground? \_\_\_\_\_
5. Were any local and/or state agencies notified? \_\_\_\_\_
6. If yes, which agency? \_\_\_\_\_
7. Did evacuation procedures occur? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

+++++  
**FOR OFFICE USE ONLY**

NJDEP REPORT \_\_\_\_\_  
office

\_\_\_\_\_  
date

\_\_\_\_\_  
time