|  |  |
| --- | --- |
| **Date:****Location**(county, route) | **Modified Spray Zone** |
|  |
|  |
| **Reason(**environmentalhealthend species, etc.) |  |
|  |
|  |
|  |
| **Name/telephone number of contact** (if applicable) |  |
| **Time**(annual/ to) |  |
| **Maintenance Area affected:** |  |
|  |
|  |
|  |
|  |
|  |
| **Supervisor:** |  |
| **Comments:** |  |

**Copy to:**
Roadside Manager // Local Maint Bldg // District Office // Area Engineer

**Date:**

**INCIDENT REPORT**

|  |
| --- |
| **INSTRUCTIONS: This form is to be used in the event of a spill of any size.****Hazardous Material Spill Incident** |
| Date: | Time: | Route: |
|  |  |  |
| County: | Town: | Logpoint: |
|  |  |  |
| Operator Name(s) |
|  |
| Type of Material Involved: |
|  |
| Name of Chemicals: |
|  |
| Was the chemical diluted or undiluted? **(circle one)** |
| Estimated amount of spill: |
|  |
| Cause of spill: |
|  |
| Name of supervisor spill reported to and time reported: |
|  |

**Investigator’s Report**

**Date:**

|  |
| --- |
| **INSTRUCTIONS: This section should be completed by the Area Engineer or the Maintenance Area Superintendent.** |
| Name and title |
|  |
| Date: | Time: | Contacted by: |
|  |  |  |
| Size of spill area |
|  |
| Did the spill enter private property? If yes, name and address of owner |
|  |
| Cause of spill |
|  |
| Corrective measures needed to prevent future incidents |
|  |
| Did spill enter sewer system? Or other bodies of water? |
|  |

This section to be completed based on the material involved.

**Date:**

Contact your District Hazardous Materials coordinator.

|  |  |
| --- | --- |
| Person notified at District Office | **Reportable Quantity Spills** |
| Time Notified: |  |
| Name of DNR Representative notified: |  |
| Time Notified: |  |
| Others Notified: |  |
| Method of waste disposal (landfill, blended, left in place, etc.) |
|  |
| Name and address of disposal site |
|  |

