



SPILL OR RELEASE REPORT

NOTE: Some State and Federal regulations require a specific form to use and procedures to follow when reporting a release. Those forms and procedures MUST be used and followed if reporting under those regulations. Please refer to the Michigan Reporting Requirements Tool to aid you in determining the proper form to use. This report form, although not required to be used, is designed to aid person to report releases under regulations. To report a release, some regulations require a facility to call the EGLE PEAS Hotline at 800-292-4706 (or the EGLE District Office that oversees the county where it occurred) and other agencies and provide information that is included in this form. This form may also be used for the written follow-up report to the department. If you prefer to submit this report electronically by FAX or e-mail, contact the regulating agency for the correct telephone number or e-mail address. Go to www.michigan.gov/chemrelease for more information.

Please print or type all information.

Name of Person Submitting Written Report		Title of Person Submitting Written Report		Telephone Number (provide area code)	
Name of Business			Release Location (Provide address if different than business, if known, and give directions to the spill location. Include nearest highway, town, road intersection, etc.)		
Street Address					
City	State	ZIP			
Business Telephone Number (provide area code)					
Site Identification Number and Other Identifying Numbers (if applicable)		County	Township	Tier/Range/Section (if known)	
Release Data: Complete all applicable categories. Check all the boxes that apply to the release. Provide the best available information regarding the release and its impacts. Attach additional pages if necessary.					
Date of Release (if known)	Date of Discovery	Duration of Release (if known)	Type of Incident		
Time of Release (if known)	Time of Discovery	days	<input type="checkbox"/> Explosion <input type="checkbox"/> Loading/unloading release <input type="checkbox"/> Fire <input type="checkbox"/> Pipe/valve leak or rupture <input type="checkbox"/> Leaking container <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Other		
	am pm	hours			
		minutes			
Material Released (chemical or trade name)		CAS Number or Hazardous Waste Code		Estimated Quantity Released (indicate unit e.g. lbs, gals, cu ft or yds)	Physical State Released (indicate if solid, liquid, or gas)
<input type="checkbox"/> Check here if additional materials listed on the attached page					

Factors Contributing to Release		Source of Loss	
<input type="checkbox"/> Equipment failure <input type="checkbox"/> Operator error <input type="checkbox"/> Faulty process design		<input type="checkbox"/> Training deficiencies <input type="checkbox"/> Unusual weather conditions <input type="checkbox"/> Other	
		<input type="checkbox"/> Container <input type="checkbox"/> Railroad car <input type="checkbox"/> Pipeline <input type="checkbox"/> Ship	
		<input type="checkbox"/> Tanker <input type="checkbox"/> Tank <input type="checkbox"/> Truck <input type="checkbox"/> Other	
Type of Material Released	Material Listed on or Defined by	Immediate Actions Taken	
<input type="checkbox"/> Agricultural: manure, pesticide, fertilizer <input type="checkbox"/> Chemicals <input type="checkbox"/> Flammable or combustible liquid <input type="checkbox"/> Hazardous waste <input type="checkbox"/> Liquid industrial by-product <input type="checkbox"/> Oil/petroleum products or waste <input type="checkbox"/> Salt <input type="checkbox"/> Sewage <input type="checkbox"/> Unknown <input type="checkbox"/> Other	<input type="checkbox"/> CAA Section 112(r) list (40 CFR Part 68) <input type="checkbox"/> CERCLA Table 302.4 (40 CFR Part 302) <input type="checkbox"/> EPCRA Extremely Hazardous Substance (40 CFR Part 355) <input type="checkbox"/> NREPA Part 31, Part 5 Rules polluting material <input type="checkbox"/> NREPA Part 111 or RCRA hazardous waste <input type="checkbox"/> NREPA Part 121 liquid industrial by-product <input type="checkbox"/> Unknown <input type="checkbox"/> Other	<input type="checkbox"/> Containment <input type="checkbox"/> Diversion of release to treatment <input type="checkbox"/> Dilution <input type="checkbox"/> Evacuation <input type="checkbox"/> Decontamination of persons or equipment <input type="checkbox"/> Hazard removal <input type="checkbox"/> Neutralization <input type="checkbox"/> Monitoring <input type="checkbox"/> System shut down <input type="checkbox"/> Other	
Release Reached			
<input type="checkbox"/> Surface waters (include name of river, lake, drain involved) <input type="checkbox"/> Distance from spill location to surface water, in feet <input type="checkbox"/> Drain connected to sanitary sewer (include name of wastewater treatment plant and/or street drain, if known) <input type="checkbox"/> Drain connected to storm sewer (include name of drain or water body it discharges into, if known) <input type="checkbox"/> Groundwater: Is it a known or suspected drinking water source? Yes No <input type="checkbox"/> What is the name of aquifer, if known? <input type="checkbox"/> Soils (include type e.g. clay, sand, loam, etc.) <input type="checkbox"/> Ambient Air <input type="checkbox"/> Spill contained on impervious surface			
Extent of Injuries(if any)	Was Anyone Hospitalized? <input type="checkbox"/> Yes Number Hospitalized: <input type="checkbox"/> No	Number of Injuries Treated Onsite:	

Describe the incident, the type of equipment involved in the release, how the volume of loss was determined, along with any resulting environmental damage caused by the release. Identify who immediately responded to the incident (own employees or contractor — include cleanup company name, contact person, and telephone number). Also identify who did further cleanup activities if performed or known when report submitted.
 Check here if description or additional comments are included on attached page

Estimated quantity of any recovered materials and a description of how those materials were managed (include disposal method if applicable)
 Check here if description or additional comments are included on attached page

Assessment of actual or potential hazards to human health (Include known acute or immediate and chronic or delayed effects, and where appropriate, advice regarding medical attention necessary for exposed individuals.)
 Check here if description or additional comments are included on attached page

Michigan Department of Environment, Great Lakes, and Energy Notified

Initial Contact by: Phone FAX
 Email Other

Date of Initial Contact

Time of Initial Contact

All EGLE Staff Contacted Telephone Number

Name of Person Making Initial Report

Title of Person Making Initial Report

Contact made by calling EGLE Pollution Emergency Alerting System (PEAS):
800-292-4706

Log Number Assigned

EGLE District or Field Office:

- Bay City Cadillac Calumet
- Crystal Falls Detroit Gaylord
- Grand Rapids Jackson Kalamazoo
- Lansing Marquette Newberry
- Warren

Note: EGLE Office locations are subject to change

Divisions or Offices Contacted

- Air Quality Division
- Drinking Water and Environmental Health Division
- Environmental Support Division
- Materials Management Division
- Office of Climate and Energy
- Office of the Clean Water Public Advocate
- Office of the Environmental Justice Public Advocate
- Office of the Great Lakes
- Oil, Gas, and Minerals Division
- Remediation and Redevelopment Division
- Water Resources Division

Other Entities Notified

Date: Time:

- National Response Center (NRC): 800-424-8802
- US Coast Guard Office:
 Detroit Grand Haven Sault Ste. Marie
- US Department of Transportation
- US Environmental Protection Agency
- 911 (or primary public safety answering point)
- Local Fire Department
- Local Police/State Police/Sheriff Dept
- Local Emergency Planning Committee
- State Emergency Response Commission via MI SARA Title III Pgm
- Wastewater Treatment Plant Authority
- Hazmat Team
- Local Health Department
- MIOSHA
- Bureau of Fire Services Fire Marshal Division
- MI Dept of Agriculture & Rural Development: 800-405-0101
- Other _____

Person Contacted:

Telephone Number:

Date Written Report Submitted

Signature of Person Submitting Written Report

For information or assistance on this publication, please contact the Environmental Support Division, through EGLE Environmental Assistance Center at 800-662-9278. This publication is available in alternative formats upon request.

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.