PART A: Spill Emergency Notification and Response Procedures

sewage over outlined be specific co	dual causing or discovering oil, hazardous substance (OHS) spill, waterline break, or reflow, or a situation that may lead to a spill, will immediately take the actions blow. The sequence of the following actions will depend on the site and situation nditions. Spills do not include incidental releases associated with work processes that led, contained, and not released into the environment.						
PASS THE W	To a safe distance upwind and upgrade from the spill. Ignition sources, motors, electric currents, open flames etc. ORD To people in adjacent spaces. Your supervisor, the supervisor of the nearest facility, or Unit Operational Level responder. Spill immediately to: 1. MCB Quantico PMO/Fire Department: 911. 2. MCB Quantico NREA: 784-4030. 3. MCB Quantico CDO (after duty hours): 784-2707 *Only If you are a trained Unit Operational Level Responder and you are certain that it is SAFE, take steps to control (stop the source, shut off valves, upright the spilling container, etc.) and/or contain (apply sorbent materials, block drains, etc.) the spill.						
WHENEVER P determined (DO NOT w until ALL informati the spill available report.)	Your name and telephone number ait						
DO NOT	Allow unauthorized persons to enter the spill area.						
WAIT	For the response team to arrive and direct them to the spill.						
PROVIDE	Information and assistance as instructed.						
COMPLETE	Submit SPILL REPORT (Part B) after the cleanup of a spill and submit through your chain of command to the NREA within 24 hours of the spill. A spill reporting form is required for all hazardous substance spills, regardless of location, and all petroleum spills into the environment. A written report is not required for petroleum spills less than one (1) gallon onto concrete, does not enter a sanitary sewer or storm drain, and is immediately cleaned up.						

Your trained Unit Operational Level Responders are:

PART A	: Spil	Ll F	Report (Report	Acc	omplished b	y Unit)				
Unit re	sponsib	le			Responders	:	Fire	Department		
for spill:							n	Unit		
Unit POC Name:					Responder'		Response	Contractor		
POC Phone #:					POC	5				
	# ·				Information	n:				
Spill Location:										
Date/Time of Spill:										
TYPE SPILL (Check appropriate box):					Estimated Material Sp					
Jet-A		I	Haz Mat/Haz Wast	е	Did Spill	Enter a	No:	Yes		
Gasoli	ne	I	Diesel Fuel		Drainage System: Amoun					
Used 0	il	V	Vaterline		DISCRIBE WHAT HAPPENED					
Antifr	eeze	S	Sewage							
Other:			<u> </u>	ı						
	(CLEA	N UP:							
Date/ti	me star	t:								
Date/ti	me end:									
TYPE OF SURFACE SPILL WAS ON (Check appropriate box):			:):	SPILL (CAUSED BY	(Check	appropriate	box):		
Wat	er		Asphalt		Equipment failure					
Gra	ISS		Gravel		Human error					
So	il		Concrete		This is a recurring problem					
Other:					Other Factors:					
				NOT	IFICATIONS					
		Req	uired		Name of Per	son Conta	cted			
PMO/Fi:	re Depai	rtme	ent: 911							
NREA: 703-784-4030										
CDO (after normal duty hours): 703-784-2707										
		mmor	nts: (Include sp		aloanin aat	ione)				
			,			,				
Unit PO Signatu and Dat	re e:		CDTIT DECDONCE (200-		704 4555				