**PART A: Spill Emergency Notification and Response Procedures**

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| Any individual causing or discovering oil or hazardous substance (OHS) spill, or a situation that may lead to a spill of OHS, will immediately take the actions outlined below. The sequence of the following actions will depend on the site and situation specific conditions. Spills do not include incidental releases associated with work processes that are controlled, contained (not released into the environment) and are safe for Unit Personnel to cleanup. | | | |
| **FOR INCIDENTAL RELEASES:** Use organizational work procedures to cleanup and properly dispose of release material. Contact NREA at 784-4030 to schedule pickup if needed. | | | |
| **FOR ALL OTHER SPILLS:** | | | |
| **EVACUATE** To a safe distance upwind and upgrade from the spill.  **RESTRICT** Shut down ignition sources, motors, electric currents, open flames etc.  **PASS THE WORD** To people in adjacent spaces.  **INFORM** Your supervisor, the supervisor of the nearest facility, or Unit Operational Level responder.  **REPORT** Spill immediately to:   1. MCB Quantico PMO/Fire Department: **911.**   **2.** MCB Quantico NREA Spill Manager: **540-379-5143.**  **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. |
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| **WHENEVER POSSIBLE** : Give the following information or that which can reasonably be determined: | | | |
| (DO NOT wait until ALL information on the spill is available to report.) |  | Your name and telephone number | |
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|  | Location of the spill (Building Number) | |
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|  | Number and type of injuries | |
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|  | Identify the type and estimate amount of the spilled material | |
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|  | Source of spill (e.g., container, equipment, vehicle, etc.) | |
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|  | Behavior of spilled material (e.g., reactions, leak, spill, or fire observed) | |
|  |  | |
|  | Anticipated movement of spill | |
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|  | What has the spill contaminated (soil, concrete, water, etc.) | |
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|  | Actions being taken to control or contain spill | |
|  |  | |
|  | Estimated time when spill occurred | |
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| **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:

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| **PART A: Spill Report (Report Accomplished by Unit)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unit responsible for spill: | | | | | | | |  | | | | | | | | | Responders: Fire Department | | | | | | | |  | |
| Unit | | | | | | | |  | |
| Response Contractor | | | | | | | |  | |
| Unit POC Name: | | | | |  | | | | | | | | | | | | Responder’s POC Information: | |  | | | | | | | |
| POC Phone #: | | | | | | | | | | |  | | | | | |
| Spill Location: | |  | | | | | | | | | | | | | | |
| Date/Time of Spill: | | | | | | | | | | | |  |  | | | |
| **TYPE SPILL (Check appropriate box):** | | | | | | | | | | | | | | | | | Estimated Amount of Material Spilled: | | |  | | | | | | |
| Jet-A | | | |  | | | | | | Haz Mat | | | | | |  | Did Spill Enter a Drainage System: | | | No: |  | | Yes |  | | |
| Gasoline | | | |  | | | | | | Haz Waste | | | | | |  | Amount: | |  | | | | |
| Used Oil | | | |  | | | | | | Hydraulic Fluid | | | | | |  | **DISCRIBE WHAT WAS DONE TO ELIMINATE SPILL** | | | | | | | | | |
| Antifreeze | | | |  | | | | | | Waterline | | | | | |  |  | | | | | | | | | |
| Diesel Fuel | | | |  | | | | | | Sewage | | | | | |  |
| Other: | | | |  | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **CLEAN UP:** | | | | | | | | | | | | | | | | |
| Date/time start: | | | | | | |  | | | | | | | | | |
| Date/time end: | | | | | | |  | | | | | | | | | |
| **TYPE OF SURFACE SPILL WAS ON (Check appropriate box):** | | | | | | | | | | | | | | | | | **SPILL CAUSED BY (Check appropriate box):** | | | | | | | | | |
| Water | | | | | |  | | | Asphalt | | | | | |  | | Equipment failure | | | | | | | | |  |
| Grass | | | | | |  | | | Gravel | | | | | |  | | Human error | | | | | | | | |  |
| Soil | | | | | |  | | | Concrete | | | | | |  | | This is a recurring problem | | | | | | | | |  |
| Other: |  | | | | | | | | | | | | | | | | Other Factors: |  | | | | | | | | |
| **NOTIFICATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Required** | | | | | | | | | | | | | | **Name of Person Contacted** | | | | | | | | | | | | |
| PMO/Fire Department: 911 | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| NREA: **540-379-5143** | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| CDO (after normal duty hours): 703-784-2707 | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Additional comments from the reporting activity: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unit POC Signature and Date: | | |  | | | | | | | | | | | | | | | | | | | | | | | |

CONTACT THE NREA SPILL RESPONSE COORDINATOR AT **540-379-5143** TO SUBMIT SPILL REPORT