



Spill Report Form

All Sections Must Be Completed. Information Must Be Typed or Printed.

Call Date (Reported):	Time:
Caller Reporting: Name: _____ Phone Number: _____ Cell Number: _____ Fax Number: _____	Caller's Company Name & Mailing Address: Company Name: _____ Street or Box #: _____ City or Town: _____ Province: _____ Postal Code: _____
Affiliation: Resident ____ Adjacent Landowner ____ Employee ____ Landowner ____ Ex-Employee ____ Other ____ (explain below):	Company Name Where Spill Occurred: Same as Above: _____ or Company Name: _____ Street or Box #: _____ City or Town: _____ Province: _____ Postal Code: _____
Name of person completing spill report form: Name: _____ Phone Number: _____ Cell Number: _____ Fax Number: _____	Attach separate sheet which includes but is not limited to: <ol style="list-style-type: none"> 1. Cause of spill. 2. Detailed description of spill location including maps and photos. 3. Immediate remedial action taken. 4. Containment measure taken (if any). 5. Contact information of affected third parties. 6. Product disposal (attach copies of bills of lading). 7. Description of all remediation activities. 8. Actions taken or anticipated to prevent future occurrences. 9. Facility code or operation ID (if applicable) of spill location. 10. Any additional comments which may be relevant to the spill event.
Incident Date:	Incident Time:
Material Spilled: UN Number: _____ Shipping Name: _____	Volume (L) / Quantity (kg):

<p>Spill Location: (Please list one)</p> <p>1. Civic Address of Spill:</p> <p>2. Land Location: LSD ____ SEC ____ TSP ____ R ____ W ____</p> <p>3. Latitude _____ Longitude _____</p> <p>4. UTM Coordinates: _____</p> <p>5. Rural Municipality: _____</p> <p>6. Other:</p>	<p>Distance and direction of nearest: (Attach site plan)</p> <p>Community:</p> <p>Occupied Building:</p> <p>Wells:</p> <p>Surface Water Body:</p>
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List all Persons Notified of Spill:

Name:	Agency/Company	Phone Number:	City/Town
1.	Ministry of Environment	1-800-667-7525	
2.	Property Owner:		
3.	Substance Owner:		
4.			
5.			
6.			

To the best of my knowledge all information submitted on this form is true, accurate and complete.

Completed by: _____ Date: _____
Signature

Please return the completed form **within seven days of the spill event** by mail, email or fax to your Ministry of Environment contact person or, if unsure who that person is, to the ministry's Saskatoon office (below) and it will then be forwarded to the appropriate staff.

Spill Report

Manager, Industrial, Potash, Coal & Spills
Environmental Protection Branch
Ministry of Environment
102 - 112 Research Drive
SASKATOON, SK S7K 2H6
Fax: (306) 933-8442