



# INDUSTRIAL WASTE CONTROL ACCIDENTAL DISCHARGE REPORTING FORM

This form must be completed and returned to the Industrial Waste Department within five (5) working days following the report of an accidental or deliberate discharge to the sanitary sewer. Completion of this form is a requirement of Section 5.04 of AN ORDINANCE RELATING TO SEWERS & SEWER SYSTEMS and does not relieve the user of any liabilities due to the accidental discharge. Prompt and accurate reporting does reflect that the Discharger is attempting to address the problem.

**COMPANY NAME:** \_\_\_\_\_

Location Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Person/Title completing this form: \_\_\_\_\_

**TYPE OF MATERIAL ACCIDENTALLY SPILLED / DISCHARGED:**  
\_\_\_\_\_  
\_\_\_\_\_

Volume of spill:  
(give units) \_\_\_\_\_

Time and Date accidental discharge:  
Started \_\_\_\_\_ am / pm on \_\_\_\_\_ (date)  
Stopped \_\_\_\_\_ am / pm on \_\_\_\_\_ (date).

Provide chemical analysis of a representative sample of the spilled material if possible. Show concentration of all compounds in the spilled material. If a sample of the spilled material is not available, list all known contents present in the discharged material.

CAS NUMBER	COMPOUND NAME	CONCENTRATION (MG/L)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Location of accidental discharge:  
Plant Process area: \_\_\_\_\_  
In-Plant transfer area: \_\_\_\_\_  
Shipping / Receiving area: \_\_\_\_\_ Inside or Outside (circle one)  
Material Storage area: \_\_\_\_\_ Inside or Outside (circle one) Drum or Bulk (circle one)  
Other (specify): \_\_\_\_\_

**REPORTING;** This accidental discharge was reported to the District  
on (date): \_\_\_\_\_ at: \_\_\_\_\_ am / pm to NSSD employee: \_\_\_\_\_  
by (name): \_\_\_\_\_  
title: \_\_\_\_\_

Has LEPC been called? \_\_\_\_\_ Fire? \_\_\_\_\_ IEPA? \_\_\_\_\_ National Hotline? \_\_\_\_\_

**CAUSE OF REPORTED DISCHARGE:** Please describe.

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Is spill containment present in the area where the accidental discharge occurred? Yes \_\_\_\_\_ No \_\_\_\_\_

Is spill containment present in other areas within the plant? Yes \_\_\_\_\_ No \_\_\_\_\_

**ACTIONS TAKEN** - Describe what actions were taken at the time to control the spill (e.g. sealed floor drain, use of sorbents, foams, etc.)

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Did the spill receive any type of treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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Was any part of the spill contained or prevented from discharging to the sanitary sewer? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the spill discharge to the storm sewer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to either, please describe how that waste was contained and disposed:

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**PREVENTION** - Describe fully what measures will be taken to prevent similar accidents in the future.

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Anticipated time schedule in which the above-stated measures will be completed:

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Progress report to be submitted for completion of modifications on:

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