



Scarborough Fire Department Spill Report Form



Please use this form to report any spills that occur in the Town's Right Of Way and/or enter the Town's Storm Drain Infrastructure.

Date of spill: _____ Time of spill: _____ : _____ Fire Department Report No.: _____

Location of spill -Street Address:

Product Spilt:

Estimated Amount Spilled:

(Gasoline, Diesel, Oil etc.)

_____ Gallons

Spill:

- Contained on Pavement
- Entered Storm Drain or Ditch
- Entered Sanitary Sewer
- Entered surface waters:

(Name of Water body)

Cause of Spill:

- Motor Vehicle Accident
- Tank/Container/Pipe Leak
- Mechanical Failure
- Transfer Accident
- _____

Maine DEP:

- Maine DEP Notified
- Time MDEP notified: _____ :
- MDEP Reference No. _____
- MDEP participated in cleanup

Description of incident:

Actions taken:

Name: _____ Date: _____ Time: _____

Email completed form to Deputy Deering: gdeeri@ci.scarborough.me.us