



WMD Site No.: _____
Project No.: _____
Project Type: _____

**NHDES WASTE MANAGEMENT DIVISION**  
**SPILL RESPONSE & COMPLAINT INVESTIGATION SECTION**  
INCIDENT REPORT FORM

**Date Incident Reported to DES:** \_\_\_\_\_; **Time:** \_\_\_\_\_; **Rec'd By:** \_\_\_\_\_

**Location of Incident**

Site Name: \_\_\_\_\_  
 Street Address/Location: \_\_\_\_\_  
 Town: \_\_\_\_\_

**Incident Type**

- Petroleum Spill to Ground
- Petroleum Spill to Surfacewater
- Hazardous Substance Spill to Ground
- Hazardous Substance Spill to Surfacewater
- Motor Vehicle Accident
- Roadside Dumping
- Air Release
- Release Inside of Building
- Other (Specify: \_\_\_\_\_)

**Party Reporting Incident**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Was Fire Department Notified:  Yes  No

Was Cleanup Contractor Hired:  Yes, name: \_\_\_\_\_  No

Other Agencies/Officials Responding To Incident: \_\_\_\_\_

**NHDES Responder**

Name: \_\_\_\_\_

Actions Taken:

- No Action Necessary
- Referred to Other Agency/Division:  
 Agency/Division Name: \_\_\_\_\_; Person: \_\_\_\_\_; Date: \_\_\_\_\_; Time: \_\_\_\_\_
- Responded (describe what actions were taken: \_\_\_\_\_)

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