Naval Air Station Corpus Christi
Spill Incident Response Checklist

In case of spill, call 911. Identify your location as NAS Corpus Christi.
Complete this form and send to Navy Environmental, Bldg 19, Fax 961-3798.

DATE:_____ TIME:_____ LOCATION: _____
REPORTING INDIVIDUAL:_____
CONTACT INFORMATION:_____

1. Time of occurrence:_____
2. Type of emergency or chemical spilled:_____
3. Number and types of injures:_____
4. Estimated quantity of spill:_____gallons
5. Source of spill:_____
6. Behavior of spill;
    1. Is fire or flammable chemicals involved?
    2. Is spill flowing into storm drain?
    3. Is spill flowing or on/toward soil?
    4. Is spill flowing towards bay system?
    5. Is the spill reactive?

	YES	NO
1		
2		
3		
4		
5		

RESPONDING AGENCY:_____
ARRIVAL TIME OF RESPONDERS:_____ CONTACT NUMBER:_____

Site assessment: _____
_____
_____

PPE required:_____
_____

Remedial action taken: _____
_____

Incident completion time: _____

Incident report copied to: _____ Date: _____ Time: _____