



# Work Instruction

Operation Name:

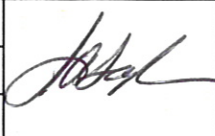

## Spill Reporting and Response

No: GENEV-001

Date: 11/27/02

Process: General

Page: 1 of 1

No.	Work Sequence	Notes: Points of Interest				
1.	<p><b>Members:</b> If you see a spill or leak, please do not attempt to clean it up yourself. Please report the spill or leak to your team leader or coordinator. Please report the following information: The location of the spill, what is being spilled and approximately how much, where is the material heading, and is the material still spilling.</p>					
2.	<p><b>Coordinator or Team Leader</b> Please report the spill to your Senior Coordinator. If the spill does not need or require special personal protective equipment, proceed to clean up the spill. Incidental spills are normally 55 gallons or less in size that occur in our plant, and do not get released to the environment.</p>					
3.	<p>If the spill requires special protective equipment (PPE) and training to clean up, contact the coordinator or teamleader of Plant Services or General Services. These members are part of our new Hazardous Materials Team or Hazwopper Team and are trained to handle most spills that will occur at CMC/CLA.</p>	<p><b>Note:</b> Any spill or release to the environment that could come into contact with storm water, groundwater, or waters of the Commonwealth of Ky. will need to be managed per our Integrated Contingency Plan.</p>				
4.	<p>Any spill that our Hazardous Materials Team cannot manage where the volume of a known substance(s) is spilled, or released in excess of the reportable quantity (RQ) - OR- any event of a spill, or release of a substance, including solid, liquid or gas/vapor, whose origin is unknown or not clearly identified, shall refer to our Integrated Contingency Plan work instruction GENEV-002 for more details.</p>	<p style="text-align: center; color: red; font-weight: bold;">CONTROLLED</p>				
5.	<p>Any spill or release to the environment requires that we complete a Spill Reporting Record Form. A blank form can be found in our Integrated Contingency Plan (ICP) work instruction. Once completed, the original form shall be submitted to the Senior Safety, Environmental Specialist.</p>					
Revision		Environmental Management System				
	Mark	Date	Record	Initial	Manager	Sr. Environmental Specialist
						
	2	3/14/08	Revised #2	MM		
	1	8/1/05	Revised #4 & #5	MM		

# CMWA Spill Reporting Record Form

**Complete this form when there is:**

- Any release of a substance, other than water, outside the Aluminum, or Steel Buildings.
  - Any release of a DOT hazardous material greater than 5 gallons inside the Aluminum, or Steel Buildings.
- Per CMWA's EMS spill threshold guidelines, reportable & non-reportable spills must be documented.

Send original copy of this form to the Sr. Safety Env. Specialist.

Sr Safety Environmental Specialist Tracking Number: _____
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**Spill Type** (Check One):

 Reportable

 Non-Reportable

**Spill Description:**

Location of Spill _____	Date/Time of spill _____
Who Reported/Witnessed: _____	
Weather conditions if outdoors _____	
Name/Type of product spilled _____	
Quantity spilled _____	Did material enter water? YES or NO How much? _____

**Containment:**

Actions taken to contain or remove spill and effects of spill \_\_\_\_\_

Explain what happened (Use additional sheets if needed):

**Agencies Notified:** \_\_\_\_\_

**Agencies Responding:** \_\_\_\_\_

**Document Review: Note: Procedures and Work Instructions/Forms related to this spill must be reviewed as part of the follow up on this spill. List the documents reviewed below:**

Do any of the document s listed above require revision due to this incident? Circle **Yes** or **No**

If yes, List those being change: \_\_\_\_\_

Champion for document change(s)? \_\_\_\_\_

Target completion date \_\_\_\_\_ Actual completion date \_\_\_\_\_

**Corrective/Preventive Actions:**

Cause (Use 5 Why/5M1K)	Countermeasures/ Preventive Action to Prevent Reoccurrence?	Who	Target Completion Date	Actual Compl. Date
Why				
Why				
Why				
Why				
Why				

**Follow Up Verification** (Must be Environmental Management Representative (EMR) or Designee)

Date	Time	Result (OK/NG)	Name	Signature	Comments

