

## DIVISION OF SOLID AND INFECTIOUS WASTE MANAGEMENT Infectious Waste Transporter Spill and Accident Report Form

**Instructions:** Submittal of a spill and/or accident report is required under Paragraph (B)(13) of Rule 3745-27-31 of the Ohio Administrative Code (OAC). This report shall be submitted to Ohio EPA within forty-eight hours of the occurrence of a spill and/or accident.

**Submit to:** Ohio Environmental Protection Agency  
Division of Solid and Infectious Waste Management  
Infectious Waste Unit  
P.O. Box 1049  
Columbus, Ohio 43216-1049

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

District Office: \_\_\_\_\_

Health District: \_\_\_\_\_

Org. CID#: \_\_\_\_\_

**A. TRANSPORTER INFORMATION**

Transporter Name: _____		Phone: (____) _____	
Address: _____		City	State    Zip Code
Certificate Registration Number: _____		Vehicle Decal Number: _____	

**B. SPILL / ACCIDENT INFORMATION**

Exact Location of Spill / Accident: _____			
City	State	Zip Code	County
Description of Waste Spilled and Estimated Quantity: _____			
Circumstances Regarding Spill: _____			
Clean-up Procedure Implemented: _____			
Name of Employee(s) Implementing Clean-up Procedure: _____			
Name of Other Persons or Agencies Involved in Clean-up Procedure: _____			

\_\_\_\_\_  
Type or Print Name of Signatory

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date