

Immediately upon discovery of a Spill call Oxford County 519-539-9800 and ask for the Wastewater OIC or Water OIC.

The completion of this form is required for all spills/ incident responses related to Oxford County sewage works under **Bylaw # 6270-2020** addressing sewer use in Oxford County as well as any uncontained spills within Oxford County boundaries, which may negatively affect future or existing drinking water supply.

Assistance in completing this form is available:
by calling **519-539-9800**
or emailing spills@oxfordcounty.ca

Disclaimer: The completion of this form does not release the reporter of any other legal obligations or spill reporting regulation requirements that must be met.

Company Information

Company Name:	Company Phone Number:
Company Address:	
Company Contact Person:	
Contact Phone Number:	Contact Email:

Property Owner Information (check if information is same as above)

Property Owner:	Owner Contact Person:
Owner Address:	
Phone Number:	Owner Email:

Reporter Information

Name of Person Reporting:	
Title:	
Phone Number:	Email:

Incident Overview

Date the spill / incident occurred:		Time spill / Incident was discovered:	
Please describe the material spilled and volume estimate: SDS Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Estimated time spill/ incident began:		Time spill/ incident was stopped:	
1. Was this spill into the wastewater collection / sewer system?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Was this spill elsewhere (ex: uncontained on the landscape)?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If you responded yes to question one, please complete Appendix A. If you answered yes to question two, please complete Appendix A and Appendix B.

Appendix A	
Cause of Spill:	
Actions taken to mitigate spill: Company spill response plan attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other factors that may affect the spill:	
Was Oxford County notified at the time of the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No Oxford County Contact:
Was Spills Action Centre notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No Incident Number:
Appendix B	
Location of spill site and description of surrounding areas: Diagram/ site map attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the spill in a known well head protection area :	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Distance to nearest adjacent property:	
Distance to nearest stream or water body:	
Please indicate if any other agencies were notified on the spill / incident.	
Agency	Contact/ Reference Number:
<input type="checkbox"/> Police/Fire Dept. (911)	
<input type="checkbox"/> Environment and Climate Change Canada (1800-668-6767)	
<input type="checkbox"/> Transport Canada (604-666-2955)	
<input type="checkbox"/> CANUTEC (1888-226-8832)	

<input type="checkbox"/> ICBC (1-800-663-3051)	
<input type="checkbox"/> First Nation Gov. Agencies	
<input type="checkbox"/> Others	
<p>Completed forms must be submitted within 5 days of the spill/ incident.</p> <p>Submit to spills@oxfordcounty.ca</p>	
For Municipal Use ONLY	
Reviewed by:	Date Received (yyyy-mm-dd):
Additional Information Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Follow Up Instructions:	