MICHIGAN DEPARTMENT OF AGRICULTURE
Environmental Stewardship Division
P.O. Box 30017, Lansing, MI 48909

Spill Incident Call Form

Date & Time Received:	**Received by:**
Type of Spill: ___Pesticide ___Fertilizer ___Manure	**Caller's Name** **Phone #** **Alternate Phone #**
Product Name:	**How long can this person be reached at this/these number(s)?**
Approximate Volume/Amount of Spill:	**Applicator Responsible for the Spill:** ___Private Applicator (Farmer) ___Commercial Applicator
Time and Location of Spill:	**Additional Parties Notified by caller:** ___Road Commission ___Fire/Police/911 ___DEQ ___EPA ___Drain Commission ___Other _____
County: / **Has the spill reached surface Water?** ___No ___Yes*	**This Spill Was Referred To:** **Name:** **Date:** **Time:**

Spill Details:

*if the spill has reached surface water, **immediately** refer it to the DEQ Pollution Emergency Alerting System: 800-292-4706