



**MASSACHUSETTS PORT AUTHORITY
LOGAN INTERNATIONAL AIRPORT
SPILL STATUS REPORT**

DEP RTN: 3-_____ (fuel spills only)

No later than two (2) hours after a DEP reportable spill or a sanitary waste spill impacts a storm drain, the following specific information shall be transmitted electronically (rjoyce@massport.com) or via facsimile to Massport's Environmental Management Unit pursuant to the Authority's Executive Director's Memorandum 01-03 dated March 4, 2003.

Environmental Management Unit Fax: (617) 568-3515 Phone: (617) 568-3525

1. Type of Spill: Fuel _____ Sanitary Waste _____
2. Date and Time of Spill: _____
3. Date and Time of DEP Notification: _____
4. Tenant or Project Name: _____
5. Precise Location of Spill:
(terminal/gate; building no.) _____
6. DEP Notification Given by:
Name: _____
Phone No.: _____
7. Response Action Completed by:
Name: _____
Phone No.: _____
8. Responsible Party:
Contact Name: _____
Phone No.: _____
9. Description and Total Quantity of Spilled Material:

10. Quantity of Material into Storm Drain or onto Soil Surface (please specify):

11. Spill Responder or Emergency Response Contractor:

12. Cleanup Status (Specific actions taken to clean up spill; Clean up complete?):

13. LSP of Record and telephone number (if applicable):

14. Approximate Volume of Waste Generated:

Signature: _____ Date and Time: _____

Print _____ Company Name: _____