Office of Public Safety 20 North Wayne Street, Lewistown, PA 17044 (717) 248-9645

REQUEST FOR REPLACEMENT OF SPILL SUPPLIES

INCIDENT DATE		INCID	INCIDENT TIME	
LOCATION OF INCIDENT:				
WAS INCIDENT ON A STAT	TE HIGHWAY:	YES / NO	IF YES WHAT ROUTE #	
DEPT. REQUESTING SUPPL				
SUPPLIES REQUESTED:				
White Absorbent Pads	Gray A	bsorbent Pads _	# of Bags Marcal Hy-Dri	
White Absorbent Boom	#Pads Gray	Absorbent Boom	l	
PRODUCT SPILLED & EST	<u> </u>	OUNT:		
Diesel Fuel	Gasoline	OilA	ntifreeze Acid	
Home Heating Fuel		Other		
WAS THERE ANY ENVIR	RONMANTAL	CONTAMINAT	YES/NO	
COMMENTS:				
SIGNATURE OF PERSON MAKING REQUEST FOR SUPPLIES		PPLIES -	DATE	