

REVISED – August 18, 2011  
**Attachment I: Incident Report Form**  
**Non-Compliance and Potential /Threatened Non-Compliance**

Type of Incident: <input type="checkbox"/> Emergency <input type="checkbox"/> Field <input type="checkbox"/> Administrative			Has State OES been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notifications Made to Other Agencies:				
Regional Board	<del>Regio</del> —Regional Board Contact	Telephone	E-mail	
Project Name	Contract #	Project Location <del>/</del> // Address		
Name of Person Making Report	Title	District No.	Telephone	E-mail <del>—</del>
Date(s) and Time(s) of Incident:				
Emergency Incident: <del>-(check all that apply)</del>				
<del>—</del> <input checked="" type="checkbox"/> Structural Bank <input type="checkbox"/> Embankment Failure <input type="checkbox"/> Traffic Accident <input type="checkbox"/> Spill				
<input type="checkbox"/> Other (Specify): _____				

**Field Non-Compliance** (check all that apply)

	Lack of BMP(s) or failure or ineffective implementation of existing BMP(s) in place that resulted in a discharge of pollutants to receiving water.
	Monitoring data indicates an exceedance of a defined standard. Defined standards include TMDL Waste Load Allocations, Regional Board numeric limits or objectives, and California Ocean Plan prohibitions.
	Discharge of prohibited non- <del>stern</del> storm water.
	Failure to comply with facility pollution prevention plan (FPPP) requirements.
	Failure to comply with inspection, monitoring, and reporting requirements and protocols.
	Other: Specify <del>-(Use use Comments Section below as needed-)</del>

**Administrative Non-Compliance** (check all that apply)

	Failure to submit reports or documents required by the Permit and/or SWMP, failure of timely submittal, and/or failure to submit required information.
	Failure to develop and/or maintain a site-specific FPPP or to implement any other procedural requirement of the Permit.
	Other (Specify)

**Description of Incident**

	Include a description of the activities or construction work in the area prior to the incident , an estimate of the volume discharged (in gallons), and identify what samples were collected and analyzed:

Initial assessment of any impact caused by the spill or discharge:

-Steps Taken to Reduce and Mitigate Damage and Prevent Reoccurrence:

-Current Status:

-Schedule for Proposed Mitigation/Abatement:

**Other Comments:**

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**Other Comments:**

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**Non-Compliance Reporting Schedule**

Type of Incident	Within 24-Hrs (Verbal)	Within 5 Working Days (Written)	Within 5 Working Days (Verbal)	Within 10 Working Days (Written)	Within 30 Calendar Days (Written)	Annual Report
Emergency Incidents <sup>1</sup>	RB Contact	RB Exec. Officer Sends copies to SB Exec. Director and Dept. HQ				Chronological Summary and Status of All Incidents
Field <sup>2</sup>			RB Exec. Officer Contact	RB Exec. Officer and Copies to Dept. HQ		Chronological Summary and Status of All Incidents
Administrative <sup>3</sup>			RB Exec. Officer or SB Contact (see footnote 3)		RB Exec. Officer/ SB Exec. Dir. and Copies to Dept. HQ.	Chronological Summary and Status of All Incidents

<sup>1</sup>Sudden, unexpected, unpreventable incidents that threaten public health, public safety, property, or the environment that pose a clear and imminent danger requiring

immediate action to prevent or mitigate the damage or threat, and that result in a discharge or potential discharge.

<sup>2</sup>Failure to meet any non-administrative requirement of the SWMP or Permit or to meet any applicable water quality standard. This includes failure to install required BMPs or conduct required monitoring or maintenance. It also includes discharges or prohibited non-storm water that do not meet the definition of emergency incidents.

<sup>3</sup>Failure to meet any administrative or procedural requirement of the SWMP or Permit including submission of required reports, notifications and certifications. The report of non-compliance shall be submitted to the same organization (State or Regional Water Board) to which the required report was originally due.

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*Certification – I certify that under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. -Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

Signature of -Contractor (if applicable)	Title	Telephone	Date:
Signature of Department Representative	Title	Telephone	Date: