



SPILL TRAJECTORY REQUEST FORM

THE RESPONSE GROUP		
OFFICE: (281) 880-5000	EMERGENCY/24-HOUR: (800) 651-3942	CELL: (713) 906-9866
FAX: (281) 880-5005	EMAIL: trajectory@responsegroupinc.com	EFAX: (281) 596-6976

COMPANY INFORMATION	Company Name: _____
	Company Contact Name: _____
	Phone #: _____
	Alternate # (ie: Mobile, Pager): _____
	Fax #: _____
	Email Address: _____

SPILL SITE INFORMATION	Source Type (Circle): Platform/Well Pipeline Vessel Facility
	Source Name & Location (Name/Area/Block): _____
	Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ "
	Date & Time of Incident (mm/dd/yy): ____ / ____ / ____ : ____ (Military)
	Type of Product (ie: Medium Crude): _____ API Gravity _____
	Estimated Volume of Release: _____ Barrels or Gallons
	Continues Release Rate: _____ bbls/hr How Long: _____ hrs.

WEATHER CONDITIONS	Wind Direction (From the): _____ Wind Speed: _____ MPH or Knots
	Current Direction (Toward): _____ Current Speed: _____ MPH or Knots
	Air Temperature: _____ ° C or F Water Temperature: _____ ° C or F
	High Tide: _____ Low Tide: _____
	Weather Forecast: _____

OVERFLIGHT INFORMATION	Date & Time of Overflight (mm/dd/yy): ____ / ____ / ____ : ____ (Military)	
	Leading Edge Location:	
	Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ "	
	Trailing Edge Location:	
	Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ "	
	Length: _____ Feet / Yards / Miles Width: _____ Feet / Yards / Miles	
	Slick Appearance (Percent & Estimated Length & Width)	
	Barely Visible: _____ % L x W: _____ Silvery: _____ % L x W: _____	
	Slight Color: _____ % L x W: _____ Bright Color: _____ % L x W: _____	
Dull: _____ % L x W: _____ Dark: _____ % L x W: _____		