



SPILL TRAJECTORY REQUEST FORM

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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: _____	