

SPILL TRAJECTORY REQUEST FORM

OFFICE (24/7):	+1 (281) 880-5000
EMAIL:	trajectory@responsegroupinc.com

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: _____