**Spill Report Form**

1. Complete the Spill Incident Report Form and any other appropriate paperwork
2. Send this completed form to the Laboratory Safety Officer.

|  |  |
| --- | --- |
| Date of Spill: |  |
| Substances Spilled |  |
| Approximate Amount |  |
| Type of Substance | ( ) Solid ( ) Liquid |
| Evacuation Required?  | ( ) Yes ( ) No |
| Were the Following Notified? |  |
| Supervisor | ( ) Yes ( ) No |
| Safety Officer | ( ) Yes ( ) No |
| Was access restricted in the area? | ( ) Yes ( ) No |
| Activate ventilation? | ( ) Yes ( ) No |
| If yes, what type (e.g., exhaust to outside)? | ( ) Yes ( ) No |
| Did anyone in the area of the spill require or receive medical attention as a result of the effects of the spilled substance?  | ( ) Yes ( ) No |

1. List the names and reasons for receiving medical attention; also cite medical evaluation and name of attending physician:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Medical Condition** | **Medical Evaluation** | **Attending Physician** |
|  |  | ( ) Yes ( ) No |  |
|  |  | ( ) Yes ( ) No |  |
|  |  | ( ) Yes ( ) No |  |
|  |  | ( ) Yes ( ) No |  |

1. Complete the following for anyone who cleaned up the spill:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Medical Condition** | **Medical Evaluation** | **Attending Physician** |
|  |  | ( ) Yes ( ) No |  |
|  |  | ( ) Yes ( ) No |  |
|  |  | ( ) Yes ( ) No |  |
|  |  | ( ) Yes ( ) No |  |

1. Describe how the spill was controlled and cleaned up: list methods and materials:
2. Describe disposal of spill waste materials, e.g., contaminated paper towels, etc.:
3. Did anyone who participated in cleaning the spill require or receive medical attention as a result of the effects of the spilled substance: ( ) Yes ( ) No
4. If #7 is yes, be sure to indicate under the table in #3 above.
5. Describe any methods used for decontaminating spill cleanup personnel:
6. Describe methods used for decontaminating spill cleanup equipment:
7. Was there a need for post cleanup site monitoring? ( ) Yes ( ) No
8. If post cleanup site monitoring was required, how was it performed?
9. Did the spill enter any drains? ( ) Yes ( ) No
10. If #13 is yes, indicate the location(s) of the drain(s) spill entered.
11. Were any objects, i.e., equipment, furniture, clothing, etc., contaminated by the spill? ( ) Yes ( ) No
12. If #15 is Yes, list affected objects and steps taken to decontaminate them:

Contaminated Objects Decontamination Method

1. Was personal protective equipment (PPE) used? ( ) Yes ( ) No
2. If #17 was yes indicate the type(s) of PPE that was used:
	1. Supplied air respirator
	2. Air-purifying respirator with cartridges
	3. Gloves of (state material)
	4. Eyewear for splash/fume protection
	5. Foot covers
	6. Apron
	7. Coverall/suit of (material)
	8. Lab coat
	9. Other PPE used:
3. Cite how contaminated PPE was disposed of or decontaminated.
4. Please provide any other comments and observations as deemed necessary:

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Printed Name*** | ***Signature*** | ***Date*** |
| ***Received by Safety Officer*** |  |  |  |