

CHEMICAL SPILL REPORT FORM

**Please forward to the Safety and Risk Services Department
FAX 277-9006 or mail to MSC07 4100**

To be completed by the Chemical Safety Officer (CSO), Building Coordinator or designee immediately following all chemical spill response activities.

DATE OF SPILL: _____ **TIME:** _____ **DEPARTMENT:** _____

BUILDING: _____ **ROOM #:** _____

SPILL LOCATION (be specific): _____

INJURIES: _____

MATERIAL SPILLED: _____ **AMOUNT SPILLED:** _____

CSO/CONTACT PERSON: _____ **TELEPHONE #:** _____

SPILL RESPONSE ACTIONS TAKEN: _____

RECOMMENDATIONS REGARDING SPILL CLEANUP EFFORTS: _____

Completed by: _____ **Date:** _____

To be completed by the Department of Safety and Risk Services.

ANALYSIS OF SPILL RESPONSE: _____

_____ **SUCCESSFUL SPILL RESPONSE** _____ **UNSUCCESSFUL SPILL RESPONSE**

ACTIONS TO BE IMPLEMENTED TO IMPROVE FUTURE SPILL RESPONSE ACTIVITIES: _____

SRS Evaluator: _____ **Date:** _____