** SPILL INCIDENT REPORT**

*To be completed by the Chemical Spill Responder or designee immediately following all hazardous spill response activities.*

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|  **Section A:** **Contact Information** |
| **Last Name:** | **First Name:** |
| **Department:** | **Supervisor:** | **Extension:** |
|  **Section B: Description of the Event:** |
| **Date of Spill:** | **Time of Spill:**  ⁪ AM ⁪ PM | **Date Reported:** |
| **Building:** | **Room:** | **Department:** |
| **Medium or Media into which the release occurred:** |
| Air ⁪ | Land ⁪ | Sewer ⁪ | Building or Room: ⁪ |
| Spill location (be specific, for example fume hood, counter, floor): |
| What were the circumstances causing the spill? |
| List any existing or potential hazards that either caused or resulted from the incident: |
| What was the duration of the spill? |
|  **Section C: Spill Response Action Taken** |
| **Details of Containment & Clean Up Efforts:** |
| Who completed the response?Name: Date: |
| Was the contaminated articles used for clean up sent to CCC for proper disposal? Yes ⁪ No ⁪  |
|  **Section D: Hazardous Material Information** |
| Material(s) Spilled: | Quantity Spilled: |
| MSDS Attached:Yes ⁪ No ⁪ Not Controlled ⁪ | CAS #: | CCC ID#: |
|  **Section E: Spill Kit Information:** |
| Was a spill kit used/available: Yes ⁪ No ⁪ Unsure ⁪ |
| Supplies to be Restocked:**Please refer to Spill Kit Replenishment Sheet** |
|  **Section F: Occupational Health and Safety** |
| Any first aid or medical attention resulting from the spill incident must be reported **WITHIN 24 HOURS** by the supervisor by filing out an **ACCIDENT/INCIDENT REPORT** and submitting the form to Health & Safety, Chrysler Hall North Rooms 2128 & 2133 or by Fax 519-971-3671 |

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| **Section G: Preventative and Corrective Actions Resulting from Incident Investigation** |
| **#** | **Action** | **Person Responsible** | **Completion Date** | **Verified by** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| Have the above items been communicated to the person responsible? |
| Yes ⁪ | No ⁪ | Date: |
|  **Section H: Chemical Control Centre Notes on Incident Investigation** |
| **Assessment of Clean-Up Effort:** |
| Closure of Incident Date: | Signature: |
| **Section I: Signatures** |
| **Completed By:** | **Title:** |
| **Signature:** | **Extension:** | **Date:** |
| **Supervisor of Contact:** | **Signature:** | **Date:** |
| **Contact:** | **Signature:** | **Date:** |
| **Section J : Form Submission** |
| Must be forwarded to the Chemical Control Centre with in 24 hours of spill incident. They may be faxed to 519-973-7013. Originals must be sent through interoffice mail.  |