** SPILL INCIDENT REPORT**

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | | | | | | |