

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: <input type="checkbox"/> AM <input type="checkbox"/> PM | Date Reported: | |
| Building: | Room: | Department: | |
| Medium or Media into which the release occurred: | | | |
| Air <input type="checkbox"/> | Land <input type="checkbox"/> | Sewer <input type="checkbox"/> | Building or Room: <input type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| Section D: Hazardous Material Information | | | |
| Material(s) Spilled: | | Quantity Spilled: | |
| MSDS Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> Not Controlled <input type="checkbox"/> | CAS #: | CCC ID#: | |
| Section E: Spill Kit Information: | | | |
| Was a spill kit used/available: Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> | | | |
| 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 supervisor by filing out an **ACCIDENT/INCIDENT REPORT** and submitting to the Office of Occupational Health & Safety, Canterbury College, Room 115 or Fax 519-971-3671

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.