Chemical Spill Report Form

Please complete and send to Chairman of the UE Department of Chemistry Safety Committee.
Contact: 488-2415 or tt92@evansville.edu

To be completed by research mentor, laboratory instructor, or a member of the safety committee immediately following all chemical spill responses. Please print.

**Date of Spill:** ________________  **Time:** __________  **Building:** _________________  **Room:** _______

**Spill Location (be specific):**

**Material Spilled:** ___________________________  **Amount Spilled:** ________________

**Approximate Area Covered by Spill:** ________________  **Any Personal Contamination?**________

**Describe How Spill Occurred:**

**Spill Response Actions Taken** (*e.g. containment, cleanup, waste disposal, etc)*:

**List Any Existing or Potential Hazards That Either Caused or Resulted From Incident:**

**Recommendations Regarding Spill Cleanup Efforts:**

**Signature:** ___________________________________________  **Date:**______________

Analysis of Spill Response:

**Successful Spill Response:**_________  **Unsuccessful Spill Response:**_________

**Actions To Be Implemented To Improve Future Spill Responses:**

**Signature:** ___________________________________________  **Date:**______________