

UE Department of Chemistry

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: _____

To Be Completed by Manager of UE Environmental Management

Analysis of Spill Response:

Successful Spill Response: _____

Unsuccessful Spill Response: _____

Actions To Be Implemented To Improve Future Spill Responses:

Signature: _____

Date: _____