

Chemical Spill Incident Report

Date of Incident

Time of Incident

Location

Building/Room/Area

Reported By

Full Name

Description of Incident

Describe what happened, including events leading up to the spill

Chemical(s) Involved

Names and quantities of the chemicals spilled

Approximate Amount Spilled

e.g., 500 mL

Spill Contained?

Yes/No

Immediate Actions Taken

Describe steps taken (e.g., evacuation, containment, PPE used)

Was Anyone Exposed or Injured?

Yes/No (details if yes)

Authority Notified?

Yes/No (who)

Follow-up Actions Required/Recommended

Describe proposed measures

Additional Comments

Any further information