

Chemical Spill Incident Report

Date of Incident

Time of Incident

Location

Reported By

Description of Incident

Chemical(s) Involved

Approximate Amount Spilled

Spill Contained?

Immediate Actions Taken

Was Anyone Exposed or Injured?

Authority Notified?

Yes/No (who)

Follow-up Actions Required/Recommended

Describe proposed measures

Additional Comments

Any further information