

# Chemical Spill Incident Report

## Manufacturing Facility

Date of Incident:

Time of Incident:

Location of Spill (area/department):

Reported by:

Contact Information:

Name of Chemical(s) Spilled:

Estimated Quantity Spilled:

Material Safety Data Sheet (MSDS) Available?

Yes / No

Description of Incident:

Cause of Spill (if known):

Immediate Actions Taken:

Personnel Exposed or Injured:

**Was Area Evacuated?**

Yes / No

**Cleanup Process Description:****Waste Disposal Method:****Preventive Measures / Recommendations:**

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Employee Signature

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Supervisor Signature

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Date