

# Spill/Leak Report Form

Division/Department Name: \_\_\_\_\_

Reporting Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reporting Person's Campus Address: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location: Building and Room Number: \_\_\_\_\_ Outside location: \_\_\_\_\_

List any hazardous materials involved in the incident: \_\_\_\_\_

\_\_\_\_\_

Describe how the spill occurred to your best knowledge. Include any relevant circumstances in as much detail as possible: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What corrective actions were taken to control and clean up the spill: \_\_\_\_\_

\_\_\_\_\_

List any existing or potential hazards the either caused or resulted from the incident:

\_\_\_\_\_

Describe any first aid treatment provided, in detail:

\_\_\_\_\_

List Full names and phone numbers of individuals who witnessed the incident:

\_\_\_\_\_

Any additional information relating to the incident: \_\_\_\_\_

\_\_\_\_\_

Where is the material now? \_\_\_\_\_

Hazardous/spill/leak report