**SpraySMART EXAMPLE: SPILL INCIDENT REPORT**

*To be completed by the Chemical Spill Responder or designee immediately following all hazardous spill response activities.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A:** **Contact Information of person who cleaned up the spill** | | | | | | | | | |
| **Last Name:** | | | | | **First Name:** | | | | |
| **Section B: Description of the Event:** | | | | | | | | | |
| **Date of Spill:** | | | | | **Time of Spill:**  AM❑ PM❑ | | | | |
| **Medium or Media into which the release occurred:** | | | | | | | | | |
| Air ❑ | | | Land ❑ | | Sewer ❑ | | | | Building or Room ❑ |
| Spill location (be specific): | | | | | | | | | |
| What were the circumstances causing the spill? | | | | | | | | What was the duration of the spill? | |
| **Section C: Spill Response Action Taken: Details of Containment & Clean Up Efforts** | | | | | | | | | |
| 1 |  | | | | | | | | |
| 2 |  | | | | | | | | |
| 3 |  | | | | | | | | |
| 4 |  | | | | | | | | |
| 5 |  | | | | | | | | |
| 6 |  | | | | | | | | |
| 7 |  | | | | | | | | |
| Were the contaminated articles used for clean-up properly disposed of? Yes ❑ No ❑ | | | | | | | | | |
| **Section D: Hazardous Material Information** | | | | | | | | | |
| Material(s) Spilled: | | | | | | | Quantity Spilled: | | |
| **Section E: Spill Kit Information:** | | | | | | | | | |
| Spill Kit - Supplies to be Restocked: | | | | | | | | | |
| 1 | |  | | 2 |  | 3 | |  | |
| **Section F: Occupational Health and Safety** | | | | | | | | | |
| Any first aid or medical attention resulting from the spill incident must be reported **according to WHS procedures** | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section G: Preventative and Corrective Actions Resulting from Incident Investigation** | | | | |
|  | **Action** | **Person Responsible** | | **Completion Date** |
|  |  |  | |  |
|  |  |  | |  |
| **Section H: Chemical Control Centre Notes on Incident Investigation** | | | | |
| **Assessment of Clean-Up Effort:** | | | | |
| **Section I: Details of person responsible for completing this report** | | | | |
| **Completed By:** | | | **Date:** | |
| **Signature:** | | | | |