

Laboratory Chemical Spill Incident Report

Date of Incident

Time of Incident

Location (Building/Room)

Person(s) Involved

Contact Information

Chemical(s) Spilled (Name & Quantity)

Description of Incident

Immediate Actions Taken

Was Anyone Exposed or Injured?

If Yes, Provide Details

Spill Clean-up Method

Waste Disposal Method

Reported To (Supervisor/Safety Officer)

Date & Time Reported

Additional Comments/Notes