

Laboratory Chemical Spill Record Form

Date of Spill

Time of Spill

Lab Name/Location

Person Reporting

Names of Others Involved

Chemical(s) Spilled

Approximate Amount

Spill Description

Actions Taken (Cleanup, First Aid, etc.)

Was Anyone Exposed or Injured?

Follow-up/Recommendations

Reported To (Supervisor, EHS, etc.)

Date/Time Reported