## **Chemical Spill Exposure Report Form**

| Name   |  |
|--|--|
| English and D                                    |  |
| Employee ID                                      |  |
| Department                                       |  |
| Date of Incident                                 |  |
| Time of Incident                                 |  |
|  |  |
| Location of Spill                                |  |
| Chemical(s) Involved                             |  |
| Description of Spill                             |  |
| Describe Exposure (skin, inhalation, eyes, etc.) |  |
| Immediate Actions Taken                          |  |
|  |  |
| Medical Attention Required?                      |  |
| Other Personnel Involved/Witnesses               |  |
|  |  |
|  |  |