

COLLEGE of
CHARLESTON

ENVIRONMENTAL
HEALTH AND SAFETY

CHEMICAL SPILL REPORT

Please complete & send/fax to the College of Charleston Environmental Health & Safety
(Randy Beaver, EH&S Director - fax: 843-953-3927; ph: 843-953-6802)

To be completed immediately following all chemical spill response activities. Please Print.

BUILDING: DEPARTMENT: ROOM #:

DATE OF SPILL: TIME OF SPILL:

SPILL LOCATION (be specific):

WAS THERE A RELEASE TO DRAINS?: YES NO

MATERIAL SPILLED (include CAS #):

AMOUNT SPILLED:

NAME OF PERSON FILLING THE REPORT (PLEASE PRINT):

TELEPHONE #:

Describe how the spill occurred to the best of your knowledge. Include any relevant circumstances in as much detail as possible (continue on back if needed):

Describe the response actions taken and spill materials used in the clean-up (continue on back if needed):

Safety Committee Chair/Dept. Head Signature: _____ Date:

To be completed by the CofC Environmental Health & Safety (Print Name): _____

SUCCESSFUL SPILL RESPONSE

UNSUCCESSFUL SPILL RESPONSE

ACTIONS TO BE IMPLEMENTED TO IMPROVE FUTURE SPILL RESPONSE ACTIVITIES:

EH&S Rep. Signature: _____

Date: _____