

Hazardous Material Incident Report

*This report should be completed each time a **Spill or Release of a Hazardous Material** occurs on Calvin's campus. After completion, the report must be sent to the Environmental Health & Occupational Safety office.*

If the answer to **one or more** of the following questions is "YES" this is an EMERGENCY SPILL

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| 1. Is the material flammable, explosive, under pressure, highly toxic, highly infectious, or radioactive? | YES | NO |
| 2. Is the identity of the material unknown? | YES | NO |
| 3. Are materials mixing and producing a reaction or vapors? | YES | NO |
| 4. Are there symptoms of exposure (affected skin, burning eyes, trouble breathing, dizziness or headaches) | YES | NO |
| 5. Has the building been evacuated? | YES | NO |
| 6. Are the people involved feeling uneasy or unsure of what to do? | YES | NO |

Emergency Spill _____ Non-emergency Spill _____

Name of person filing report _____ Position _____

Date of spill _____ Time _____ Who was notified? _____

Location of spill _____

Name & amount of material spilled (if known) _____

Describe the situation that lead up to the spill _____

Any injuries? No ___ Yes ___ Describe injuries & what was done to assist the injured

People involved in clean-up _____

PPE (Personal Protective Equipment) worn by those involved in the clean-up _____

Supplies used for clean-up _____

How were clean-up materials disposed of? _____