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 and Safety Office.

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

1. Is the material in an amount of type to be an immediate hazard to occupied space or those present, requiring specialized PPE or training to be remediated? 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

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? _________________________________