Incident No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RHODE ISLAND HOSPITAL CHEMICAL SPILL INCIDENT REPORT

**SPILL LOCATION INFORMATION**

Date \_\_\_\_\_\_Day \_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_  
Bldg/Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Floor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room \_\_\_\_\_\_\_\_\_\_  
Dept.: \_\_\_\_\_\_\_\_

Fire Dept. Response: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
If yes, Time of Arrival \_\_\_\_\_\_\_\_\_\_

Method of Notification: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_ Alarm \_\_\_\_\_\_ Other

Person Initiating Notification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CATEGORY OF SPILL INCIDENT**

\_\_\_\_\_\_ Minor Spill (Handled In-house) - Type of Chem/Material

\_\_\_\_\_\_ Moderate Spill (requiring outside contractor) - Type of Chem/Material

\_\_\_\_\_\_ Uncontrolled Spill (requiring Fire Department, RIDEM, or other agency notification) -

Type of Chem/Material \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responding Agencies or Departments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cause of Spill \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Employee(s) Responding to Spill:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. \_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. \_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. \_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_

**SPILL CLEAN UP INFORMATION**

Person Conducting Cleanup Activities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of Cleanup: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Methods and Materials Utilized for Cleanup \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Waste Generated \_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. Manager \_\_\_\_\_\_\_\_\_\_\_\_\_

Dept. Manager's Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_