

# Spill Response Checklist

## Incident Details

Date of Spill\*: \_\_\_\_\_

Time of Spill\*: \_\_\_\_\_

Location of Spill\*: \_\_\_\_\_

Substance Spilled\*: \_\_\_\_\_ > Options: Oil, Fuel, Chemical, Hazardous Waste, Other

Estimated Quantity\*: \_\_\_\_\_

Unit\*: \_\_\_\_\_ Options: Litre, Gallon, Kilogram, Other

## Spill Assessment

Is the spill contained? \_\_\_\_\_ > Options: Yes, No

Observed Environmental Impact: \_\_\_\_\_

## Response Actions Checklist

- Source stopped/isolated
- Appropriate PPE worn
- Spill contained with barriers/absorbents
- Recovered and collected contaminated materials
- Area cleaned/decontaminated
- Relevant personnel/authorities notified
- Incident report completed

Additional Notes: \_\_\_\_\_

## Personnel & Signatures

Responders:

Name	Role	Time Arrived