

FORM B Supervisor's Spill Report

Basic Information	Facility		Incident Date		Report Date	
	Department		Incident Time		Shift	
	Area <small>(Be Specific)</small>				↓Supervisor↓	
	Weather Conditions <small>(If Applicable)</small>					
	Material Spilled <small>(Be Specific)</small>				Is Material Hazardous, Medical, Or Otherwise Regulated? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Was the SDS Sheet or Sheets Obtained and attached to this report? Yes <input type="checkbox"/> No <input type="checkbox"/>			← If Yes, Explain		
	If No, Explain →					
	Amount Spilled <small>(Be Specific)</small>					
	Was Anyone Potentially Exposed to Harmful Substances? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If Yes, Complete FORM A)</small>					
	Did Spilled Material Enter Floor Drains or Waterway? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Approximate Quantity			
Involved Individuals	<input type="checkbox"/> Function Employee?	Explain Involvement				
	1					
	<input type="checkbox"/> Function Employee?	Explain Involvement				
	2					
	<input type="checkbox"/> Function Employee?	Explain Involvement				
	3					

Mitigation	Was the Spill Prevention Control & Countermeasure Program Being Followed? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If No, Explain
	Was the spill able to be promptly contained? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If No, Explain
Were all personnel not directly involved in spill response removed from the area? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Describe PPE utilized in mitigation and clean-up efforts.	
Was PPE consistent with section 8 of the SDS on File for the Material? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If No, Explain	

Recovery	Did the spill require response from outside agencies? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Environmental Cleanup Service, Emergency Response Agency, Regulatory Agency, Etc.)</small>
	If Yes, Explain
Were operations able to fully resume following this incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If No, Explain	