Hazardous Drug Spill Checklist

1. Spill location (Department/Unit, Floor, Room #): ___________________________________ Date: _____ Time: _____

2. Name of drug involved: ___________________________________________________________ Estimated amount spilled: ______________

3. Explain how the spill occurred: ________________________________________________________________________________
_____________________________________________________________________________________________________________________

4. Did the patient and/or visitor(s) need to be removed from the area? □Yes □No □Patient removed □Visitor Removed (specify number) ______

5. Were any furnishings or equipment affected by the spill? □Yes □No

5a. If yes, what furnishing/equipment were affected? ______________________________________________________

5b. If yes, were items cleaned using 2 sets of HD Clean wipes? □Yes □No

6. How can this type of spill be avoided in the future? _________________________________________________________

7. List staff who were exposed: ________________________________________________________________________________
_________________________________________________________________________________________________________________

9. Did exposed staff go to Employee Health & Wellness or ED (off hours) for required post exposure evaluation? □Yes □No

Staff should bring this checklist and Employee Injury/Illness Report to Employee Health & Wellness or ED.

10. Was a Spill Kit Used? □Yes □No Was the spill kit replaced (Lawson #60434)? □Yes □No

11. Comments: ____________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

Checklist Completed by:

Print Name (Employee) ___________________________ Signature (Employee) ___________________________ Date __________

Checklist Reviewed by:

Print Name (Supervisor) ___________________________ Signature (Supervisor) ___________________________ Date __________

Distribution: Supervisor, Employee Health & Wellness (z=7409), Environmental Health & Safety (z=8017)

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