



**Environmental Health Safety  
& Risk Management**  
 MSC 3578  
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# CHEMICAL SPILL REPORT

**Please complete & email to [ehsrn@nmsu.edu](mailto:ehsrn@nmsu.edu)  
 (Questions: please call EHS&RM 575-646-3327)**

*To be completed by the Chemical Hygiene Officer (CHO), Building Monitor or designee immediately following all chemical spill response activities. Please print.*

**DATE OF SPILL:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_

**BUILDING:** \_\_\_\_\_ **ROOM #:** \_\_\_\_\_

**SPILL LOCATION (be specific):** \_\_\_\_\_

**WAS THERE A RELEASE TO SEWER?:** \_\_\_\_\_

**MATERIAL SPILLED:** \_\_\_\_\_ **AMOUNT SPILLED:** \_\_\_\_\_

**CHO / BM / CONTACT:** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

**SPILL RESPONSE ACTIONS TAKEN:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RECOMMENDATIONS REGARDING SPILL CLEANUP EFFORTS:** \_\_\_\_\_

\_\_\_\_\_

**Director/Dept Head Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*To be completed by the NMSU Environmental Health & Safety (or designee if remote facility)*

**ANALYSIS OF SPILL RESPONSE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **SUCCESSFUL SPILL RESPONSE** \_\_\_\_\_ **UNSUCCESSFUL SPILL RESPONSE**

**ACTIONS TO BE IMPLEMENTED TO IMPROVE FUTURE SPILL RESPONSE ACTIVITIES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EH&S Safety Officer Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_