

Spill Incident Log



Company Name:		Date:	
Reported by:		Incident Ref:	
Location:		Time:	
Liquid Spilt:		Volume:	

Describe the incident

Did any liquid enter a surface water drain – if yes, have the relevant authorities been notified?

Were any personnel injured – if yes how was the outcome?

What spill products were used to clean up the spill?

Product	Qty	Product	Qty	Product	Qty	Product	Qty
Absorbent Roll		Absorbent Mats		Absorbent Pillows		Booms 1.2m	
Clay Drain Mat		Spill Sign		Gloves		Booms 3m	
Goggles		Barrier Tape					

What is the Spill Kit Ref No.		Has the Spill Kit been re-stocked?	Yes	No
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What could have been done to prevent the incident from occurring?

Have preventative measures been carried out? If yes, by whom and when?

Notes/ideas for improvements / what could we have done better?

Signed:		Print:	
Date:		Report Handed To:	