

# 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
7. How can this type of spill be avoided in the future? \_\_\_\_\_  
\_\_\_\_\_
8. List names of 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: email or mail Supervisor, Employee Health & Wellness Director (z=7409), Pharmacy Director (z=7007) and Environmental Health & Safety Director (z=8017)***