

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)