



# Spill Response & Cleanup Checklist (Immediate)

## Immediate Safety & Notification

Focuses on ensuring safety for personnel and notifying relevant parties immediately.

### Spill Observed By:

- ☐ Employee
- ☐ Customer
- ☐ Security
- ☐ Other

### Employee Name (if applicable):

Write something...

### Time of Spill Discovery:

### Immediate Danger? (Evacuate if needed)

- ☐ Yes - Evacuate Area
- ☐ No - Area Safe

### Brief Description of Spill & Location:

Write something...

### Who to Notify (Check all that apply)

- ☐ Store Manager
- ☐ Assistant Manager
- ☐ Loss Prevention
- ☐ Maintenance
- ☐ Environmental Health & Safety (EHS) - If applicable

### Approximate Volume of Spill (estimate, e.g., gallons, liters)

Enter a number...

### Precise Spill Location (e.g., Aisle 5, near Checkout)

 [Set My Current Location](#)



# Containment & Isolation

Steps to prevent the spill from spreading and protect the surrounding area.

## Spill Location (Area/Aisle)

- ☐ Aisle 1
- ☐ Aisle 2
- ☐ Front Entrance
- ☐ Back Room
- ☐ Other (Specify in Long Text)

## Detailed Location Description (if 'Other' selected above)

Write something...

## Immediate Risk Level (to people/property)

- ☐ Low
- ☐ Moderate
- ☐ High

## Containment Method Used (Initial)

- ☐ Absorbent Pads
- ☐ Boom/Dike
- ☐ Sand/Earth
- ☐ None Required (Minor Spill)

### **Describe Containment Actions Taken**

Write something...

### **Estimated Spill Volume (Approximate)**

Enter a number...

### **Area Isolated?**

☐ Yes

☐ No

### **Description of Isolation Measures (if 'Yes')**

Write something...

## **Personal Protective Equipment (PPE)**

Ensuring correct PPE is worn for the specific spill.

### **Type of Spill (affects PPE)**

☐ Liquid

☐ Solid

☐ Powder

☐ Chemical

☐ Unknown

### **PPE Required (Check all that apply)**

- ☐ Gloves (Specify Type: Nitrile, Latex, etc.)
- ☐ Safety Glasses/Goggles
- ☐ Face Shield
- ☐ Respirator (Specify Type if Known)
- ☐ Protective Clothing (Apron, Coveralls)
- ☐ Safety Shoes/Boots

### **Glove Type (If Applicable)**

Write something...

### **Respirator Type (If Applicable)**

- ☐ N95
- ☐ Cartridge Respirator (Specify Cartridge)
- ☐ Powered Air Purifying Respirator (PAPR)
- ☐ Not Required

### **Notes on PPE Selection (e.g., specific hazard considerations)**

Write something...

## **Initial Cleanup & Absorption**

Preliminary steps to absorb the spilled material and reduce volume.

### Type of Absorbent Used (e.g., pads, granules, booms)

- ☐ Absorbent Pads
- ☐ Absorbent Granules
- ☐ Absorbent Booms
- ☐ Other - Specify in LONG\_TEXT

### Estimated Volume of Spill (Gallons/Liters)

Enter a number...

### Description of Cleanup Method Used

Write something...

### Quantity of Absorbent Material Used (Units)

Enter a number...

### Notes on Cleanup Difficulties or Challenges

Write something...

### Material Completely Absorbed?

- ☐ Yes
- ☐ No - Further Action Required

### Photograph of Spill Area After Initial Cleanup (Optional)

 Upload File

## Documentation & Reporting

Recording the incident details and reporting to required personnel/authorities.

### Date of Spill

Enter date...

### Time of Spill

### Spill Type (e.g., Liquid, Solid, Chemical)

- ☐ Liquid
- ☐ Solid
- ☐ Chemical
- ☐ Other

### Description of Spill (what, where, how much)

Write something...

### Estimated Spill Volume (if applicable)

- ☐ Less than 1 Gallon
- ☐ 1-5 Gallons
- ☐ 5-10 Gallons
- ☐ More than 10 Gallons
- ☐ Unknown

### Approximate Spill Volume (gallons/pounds)

Enter a number...

### Affected Areas

- ☐ Sales Floor
- ☐ Backroom
- ☐ Storage Area
- ☐ Loading Dock
- ☐ Other

### Actions Taken (brief summary of cleanup steps)


Write something...

### Reported To (Select all that apply)

- ☐ Store Manager
- ☐ Assistant Manager
- ☐ Regional Manager
- ☐ Safety Officer
- ☐ Environmental Agency



**Photos of Spill Area (before/during/after cleanup)**

 Upload File