

# Spill Response Pre-Assessment Checklist

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## Spill Area Notification

Work Area Location \_\_\_\_\_

Work Area Manager /Supervisor Name: \_\_\_\_\_

Manager /Supervisor Contact Details: Tel: ( \_\_\_\_ ) \_\_\_\_\_ Mob: ( \_\_\_\_ ) \_\_\_\_\_

## Spill Identification

Name of Hazardous Substance: \_\_\_\_\_

Acid  Alkali  Solvent  Oil  Fuel  HSNO ID: \_\_\_\_\_

Substance Form: Solid:  Liquid:  Gaseous:  Volume Held: \_\_\_\_\_

Describe Nature of Hazards: \_\_\_\_\_

Is a Chemical Reaction likely to occur as the result of a spill? Yes / No (circle one).

Describe the Chemical Reaction: \_\_\_\_\_

## Control Measures

Is Personal Protective Equipment (PPE) available? Yes / No (circle one).

List /Describe PPE: \_\_\_\_\_

Is Specialised Emergency Equipment required? Yes / No (circle one).

List /Describe equipment: \_\_\_\_\_

Can the flow be valved-off or can caps, lids or bungs be replaced? Yes/ No (circle one).

Describe action: \_\_\_\_\_

Can a leaking container be safely moved to a position where further loss of contents will be prevented or reduced?

Yes / No (circle one). Describe action: \_\_\_\_\_

Details of Emergency Services required: \_\_\_\_\_

## Containment Actions

Which of the following measures can be safely employed to prevent the spread of the hazardous substance?

- The leaking container can be placed in a clean containment drum or vessel.
- An improvised dam or bund can be built to confine the spill (e.g. sandbags, absorbent material or soil).
- Drains and entrances to waterways can be covered, capped or blocked-off.
- Absorbent material and/or neutralizing agent can be spread on and around the spilled substance.
- The area can be ventilated to disperse fumes or gas.
- Other Action. Describe: \_\_\_\_\_

## Clean-up

Can the remains of the spilled substance and the absorbent material be safely collected and stored in sealed recovery drums?

Yes / No (circle one). Describe action to be taken: \_\_\_\_\_

Can used protective clothing be safely removed and disposed of?

Yes / No (circle one). Describe action to be taken: \_\_\_\_\_

Can affected personnel be thoroughly washed and/or decontaminated?

Yes / No (circle one). Describe action to be taken: \_\_\_\_\_

**Completed By:** \_\_\_\_\_

**Date:** \_\_\_\_\_