

**THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433**

REPORT OF ACCIDENTAL RELEASE OF HAZARDOUS MATERIALS

SUPERVISOR:	DATE:
DEPARTMENT :	PHONE # :
BUILDING :	ROOM # :
NAME OF CHEMICAL INVOLVED :	
PHYSICAL STATE :	AMOUNT :
PERSONNEL INVOLVED :	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
PERSONNEL INJURED AND EXTENT OF INJURY :	
1. _____	
2. _____	
3. _____	
4. _____	

DETAILED DESCRIPTION OF THE INCIDENT

A large, empty rectangular box with a double-line border, intended for a detailed description of an incident. The box is currently blank.

DETAILED DESCRIPTION OF REMEDIAL ACTION TAKEN

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SIGNATURE OF
SUPERVISOR :

DATE :

HEALTH AND SAFETY ACTION

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HEALTH AND SAFETY RECOMMENDATIONS

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HEALTH AND SAFETY OFFICER:	DATE:
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