

## Hazardous Drug (Chemo) Spill Checklist for Spills involving more than 20 cc

1. Specific Spill Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

2. Name of drug involved: \_\_\_\_\_ Approximate amount spilled: \_\_\_\_\_

3. Briefly explain how the spill occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did the patient or visitor(s) need to be removed from the area?  Yes  No  
 Patient removed  Visitor Removed (specify number) \_\_\_\_\_

4. Was the mattress involved?  Yes  No

4a. If yes, was the mattress cleaned 3 times using the hospital approved disinfectant followed by water after each cleaning?  Yes  No

5. Were the bed rails involved?  Yes  No

5a. If yes, were the bed rails cleaned 3 times using the hospital approved disinfectant followed by water after each cleaning?  Yes  No

6. Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How can this type of spill be avoided in the future? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name (Nursing)

\_\_\_\_\_  
Signature (Nursing)

\_\_\_\_\_  
Date

Reviewed by:

\_\_\_\_\_  
Print Name (Fire Marshal/EH&S)

\_\_\_\_\_  
Signature (Fire Marshal/EH&S)

\_\_\_\_\_  
Date

**Distribution: Unit Supervisor and Environmental Health and Safety (z=8017)**