

CHEMICAL ACCIDENT CHECKLIST

Site _____ Date _____

Location of accident _____ Time _____

Check off completed tasks as appropriate to the circumstances of the chemical accident.

_____ Determine if students/staff should be kept indoors or evacuated to safe location outside of classrooms/dorms/work areas.

Action taken:

_____ Only if necessary) Waldo County Dispatch Center 911

Called by _____ Time _____

Report:

Your name and title, school/site name and address

Problem (type of chemical accident; specific location/site; has/has not entered storm drain; action taken, if any).

Message: "This is (*name and title*) at (*Unity College/site*). We have a chemical accident (*type and location*).

We (*have/have not*) evacuated outside the classroom/residences /work areas, (*have/have not*) called 911, and (*have/have not*) requested-Maintenance Department to contain/clean up.

_____ Notified by responding government agency (*fire, police/Hazardous Materials Team*) of chemical accident.

_____ Directed to remain on the site to _____

By (*name of person/title and agency*) _____

_____ Transportation requested from-Maintenance Dept to move (#) _____ students and staff.

Yes No

Time of evacuation _____ Location _____

_____ President's Office/CMT notified of evacuation by _____

_____ Students/all personnel return to classrooms/dorms/work areas. Time/date _____