



## SODIUM HYPOCHLORITE ACCIDENTAL MIXING REPORTING FORM

It is requested that a copy of this form be completed and returned to CI staff whenever your company has first hand knowledge of an incident where sodium hypochlorite bleach solutions are accidentally mixed with another chemical. Reporting the incident is especially important if the accidental mixing resulted in the release of chlorine gas or any violent or dangerous reactions. This request is made by the Customer Stewardship Issue Team (CSIT) which will use this information to better serve our members and reach CI's long term goals of ZERO releases and injuries from any mission chemical. All company information will be kept confidential by CI.

1. Company Reporting Incident: \_\_\_\_\_
2. Name of Contact: \_\_\_\_\_
3. Date of incident: \_\_\_\_\_
4. Location of incident: \_\_\_\_\_
5. What containers/handling equipment were involved (check all that apply):  
Tank truck     Box/flatbed truck     Tote/IBC     Drum/Carboy   
Bottles (1 gal or less)     Pipeline
6. What caused the incident? \_\_\_\_\_  
\_\_\_\_\_
7. What corrective actions were taken? \_\_\_\_\_  
\_\_\_\_\_
8. Estimated quantity of material mixed:  
a) Sodium hypochlorite: \_\_\_\_\_  
b) Please list other material: \_\_\_\_\_
9. Type of facility where accident occurred:  
Water Treatment                       Waste Water Treatment   
Bottling/Formulating Facility     Bleach manufacturing facility   
Swimming Pool Supply               Other Plant  please describe:

