



Laboratory Incident Report Form

Name:		Department:	
Title:		Building / Room :	
Date/Time of incident:		Phone #:	
		E-Mail:	
Witness(es):			
Description of incident: Include the use of Personal Protective Equipment, chemical hood or other environmental control, safety equipment (attach additional pages if necessary).			
Did the incident result in a an injury: Yes No			
Description of injury:			
Environmental Health and Safety (EH&S) notified: Yes No			
Name of EH&S staff person notified:			
Title:		Date:	
Emergency response information (include EH&S, fire, police, ambulance response present at the scene):			
Name of supervisor:	Signature:		
	Date:		