

Laboratory Incident Report

Please use this form to report laboratory injuries and accidents.
Fires should also be reported, particularly when fire extinguishers are discharged.

There are two sections to this report.
Please be thorough in filling it out.

The following section is to be filled in by the FACULTY MEMBER:

Name Of Student Involved: _____

Course # _____ Date: _____ Time: _____

Number of students in lab at time of accident: _____

Experiment number : _____ Lab Manual page: _____

Description of incident:

Action taken (circle)

(A) First Aid (wash, burn- spray, bandaid, eyewash, other)	(B) Treatment (sent to clinic, requested ambulance from security) Note time help arrive: _____	(C) Clean-up	(D) Fire	(E) Evacuation
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Additional comments: (include hazards emphasized)

State your location at time of accident _____

Instructor's Signature

The following section is to be completed by the STUDENT INVOLVED:

1. Were you informed by the instructor about the hazards of this experiment? YES
NO

2. Were you wearing your goggles? _____
3. Were you in your own class section? _____
4. Did you read the laboratory manual about safety hazards in this experiment? _____
5. Were you using any other safety equipment? (i.e., gloves, apron, shield) _____
6. Did you read and sign the laboratory safety sheet given out at the beginning of the semester? _____
7. What do you see as the cause of this injury/accident/ fire? (comments)

Student Signature _____

ATTENTION FACULTY:

In the event of a serious injury to the student, please have fellow students describe the incident,
noting safety instruction and probable cause of the incident below.
Once this form is completed , please, return it to room 207.

REVIEW AND RECOMMENDATIONS: