



Science Department - Laboratory Incident/Accident Report

Today's Date: _____ Date of Incident: _____ Time of Incident: _____

Instructor: _____ Witnesses: _____

Course #: _____ Location where the incident/accident occurred: _____

Person(s) Involved:

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Description of the incident/accident:

Was the incident related to any lab activity? If so, please explain. Include in response: was personal protective equipment assigned/used and were written procedure in place and followed.

Were chemicals involved? If so, please explain what chemicals were being used in the laboratory and how they were being used.

If chemical exposure occurred, what was the route of entry (inhalation, skin (or eye) absorption, ingestion, or injection)?

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Was there any bodily injury? If so, please explain.

Was there a pre-existing medical condition that contributed to the incident? If so, explain.

Describe Response Measures (was Campus Safety/Student Health Services contacted, was the person(s) involved transported to Student Health Services/ER, was first aid administered in the lab)

Probable cause of incident/accident?

Action taken:

Signature of person(s) injured:

Signature of instructor:

Submit completed form to Science Department Laboratory Manager