

Laboratory Accident/Incident Report

INSTRUCTOR'S REPORT (this page) Date of Report: _____

Date of Incident: _____ Time of Incident: _____

Room Number of Incident: _____ Course Number: _____

Instructor's Name: _____ Course Section: _____

Print name of student involved: _____ ID: _____

Title of experiment (or experiment number) being done at the time the incident occurred:

Description of incident: (use extra pages, take photos or make sketch if needed)

At what location in the room did the incident occur?

Actions Taken (circle all that apply):

a) First Aid (wash, burn ointment, band-aid, eyewash, shower, other _____)

b) Equipment used (spill kit, First Aid kit, fire extinguisher, other _____)

c) Treatment (on-site first aid, sent to Health Services, sent to ER, other _____)

(If student sought off site help, print name and ID of accompanying person, if any.)

Accompanying Person Name: _____ ID: _____

Instructor Signature: _____

(By signing, instructor verifies details to the best of his/her ability.)

Injured Student Signature: _____

(By signing, student verifies details to the best of his/her ability.)

Witness Signature: _____

(By signing, witness verifies details to the best of his/her ability.)

This page is to be filled out by the instructor while he/she interviews the students.
The students should read and sign the statements below.

INJURED STUDENT (circle the correct response to each question)

1. Did you attend safety training at the beginning of the semester? YES NO
2. Did you attend safety training before the lab session? YES NO
3. Did instructor/TA inform you about the hazards of the experiment? YES NO
4. Were you wearing Personal Protective Equipment? YES NO
 ___ Lab Coat ___ Goggles ___ Nitrile gloves
5. Was the experiment performed in a fumehood? YES NO
6. If the experiment was performed in a fumehood, at what height was the sash? _____ cm
7. Did you read the material related to the experiment concerning
 safety and hazards ? YES NO

Signature of Student _____
(My signature indicates that the seven statements above are accurate.)

WITNESSING STUDENT (use multiple forms for more witnesses)

1. Did you attend safety training at the beginning of the semester? YES NO
2. Did you attend safety training before the lab session? YES NO
3. Did instructor/TA inform you about the hazards of the experiment? YES NO
4. Were you wearing Personal Protective Equipment? YES NO
 ___ Lab Coat ___ Goggles ___ Nitrile gloves
5. Was the experiment performed in a fumehood? YES NO
6. If the experiment was performed in a fumehood, at what height was the sash? _____ cm
7. Did you read the material related to the experiment concerning
 safety and hazards ? YES NO

Print Name of Witness: _____

Signature of Witness: _____ ID of Witness: _____
(My signature indicates that the seven statements above are accurate.)