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.)