

LABORATORY INCIDENT REPORT

Person Involved _____ Faculty Staff U.G. Grad.

Date of Incident _____ Time _____ Department _____

Location _____ Instructor/Supervisor _____ Course Number _____

Description of the Incident:

Were injuries incurred? Yes No Nature of Injury: _____

If Yes, How did the injury occur?

Determine the root cause of the accident:

What PPE was being used? Safety Glasses: Yes No Goggles: Yes No Lab Coat: Yes No
Lab Apron: Yes No Long Pants: Yes No Closed Toe Shoes: Yes No
Gloves: Yes No _____ Other: _____
(If yes, describe type of gloves) *(please specify)*

First aid administered (if any) & by whom: _____

The Person Involved (if injured): _____

1. Declined to seek medical attention at this time. *(requires Person's signature)*

Person Involved Signature/Date: _____

2. Was escorted by Public Safety to Health Services (HSB).

Public Safety Signature/Date: _____

3. Was evaluated by VEMS.

VEMS Signature/Date: _____

Instructor/Supervisor Signature: _____

Department Safety Officer Signature: _____

For Internal Use

Post-Incident Follow up

Safety Training Completed: Date(s): _____ Manner: _____

Actions to prevent recurrence: _____

Reviewed by: _____ Has the student returned to class? Yes No Date: _____

Distribution: Department Office Health Center EH&S, Stone Hall _____

(Other)