

LABORATORY INCIDENT REPORT

(To be completed with the Laboratory Supervisor/Principal Investigator)
(i.e., injury, illness, hazardous substance exposure, fire, spill)

Name of Person Involved in Incident (if applicable): _____

Employee Student Graduate Student Visitor

Laboratory Supervisor: _____

Class/Lab:

Time & Date of Incident:

Location of Incident: _____

Details of Incident: (nature of incident, e.g., illness, accident, injury. If injury occurred, indicate circumstances and who was involved. Indicate any substances (e.g., amount and kind of chemical) or object involved.)

What action was taken: (What was done to protect individuals or clean up substance? Also indicate if emergency personnel were contacted and if transport to hospital occurred.)

Investigated by:

_____ (Print Name)

_____ (Signature)

_____ (Date)