**INSTRUCTIONS:**

Submit the form to the departmental laboratory supplies supervisor for your campus and the supervisor of your research lab or teaching lab/class.

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| **Section A: General Information** | |
| **Report Date**: | |
| **Reporter Information** | Name:  Email: Position: |
| **Person(s) involved in incident** | Name:  Telephone #:  Email:  Position: |
| **Supervisor** | Name: Email: |
| **Section B: Incident Information** | |
| **Date & Time of Incident: Location of Incident:** | |
| **Description of incident (*provide a narrative and timeline of the incident including the following)***   * *What procedure(s) or activities were being performed at the time of the incident?* * *Description of any hazardous materials being used or directly involved in the incident* * *Who was involved in the incident, including others present at the incident location?* * *Was there an equipment failure, uncontrolled material release or other catastrophic event?* | |

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| **Description of emergency response**   * *Describe the emergency procedure implemented during the incident, including a timeline* * *Immediate actions taken to mitigate injury, property damage and/or environmental consequence* * *Emergency personnel contacted and their phone numbers (e.g. EHS, ambulance, police, fire)* * *Emergency personnel who responded to the incident and information provided to them* |
| **Section C: Hazardous Materials, Equipment or Experimental Procedure Information. *If not applicable, proceed to Section D.*** |
| **Nature of the incident *(Check all that apply and describe in the blank space)***   * Injury Describe: * Exposure Describe: * Property Damage Describe: * Spill Describe: * Equipment Failure Describe: * Other Describe: |
| **Type of hazard involved in the incident *(Check all that apply and list the hazard in the blank space)***   * Chemical List Hazard: * Physical List Hazard: * Biological List Hazard: * Other List Hazard: |
| **If incident resulted in personnel injury, illness or exposure to a hazardous material provide the following information:**  Description of the personal protective equipment in use at the time of the incident. |

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| Description of injury, illness or exposure, including parts of the body  Description of any medical surveillance provided or recommended after the incident  Description of medical treatment obtained, including:  ***Note: Please do not include any confidential medical information.***   * First aid, ambulatory, clinic, hospital or other treatment and when administered? * Who administered treatment and where was treatment provided? |
| **Section D: Corrective Action** |
| **Describe measures taken to mitigate any problems identified. For measures identified but not yet taken, please include a timeline for their implementation.** |
| **Other Information** |
| **This laboratory incident report was prepared by:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Lab Personnel Name(s)** |