

### INSTRUCTIONS:

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

### Section A: General Information

**Report Date:**

<b>Reporter Information</b>	Name: Email: Position:
<b>Person(s) involved in incident</b>	Name: Telephone #: Email: Position:
<b>Supervisor</b>	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?*

### 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)

- |  |           |
|--|-----------|
| <input type="checkbox"/> Injury            | Describe: |
| <input type="checkbox"/> Exposure          | Describe: |
| <input type="checkbox"/> Property Damage   | Describe: |
| <input type="checkbox"/> Spill             | Describe: |
| <input type="checkbox"/> Equipment Failure | Describe: |
| <input type="checkbox"/> Other             | Describe: |

#### Type of hazard involved in the incident (Check all that apply and list the hazard in the blank space)

- |                                     |              |
|-------------------------------------|--------------|
| <input type="checkbox"/> Chemical   | List Hazard: |
| <input type="checkbox"/> Physical   | List Hazard: |
| <input type="checkbox"/> Biological | List Hazard: |
| <input type="checkbox"/> 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.

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)