**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:
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| **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 bodyDescription of any medical surveillance provided or recommended after the incidentDescription 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?
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| **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)** |