

Laboratory Eye Injury Incident Report

Date of Incident

Time of Incident

Name of Person Reporting

Role

Name of Injured Person

Role/Position

Location of Incident

Activity Being Performed

Description of Eye Injury

Cause of Injury

PPE in Use at Time of Incident

First Aid / Immediate Action Taken

Further Medical Treatment Required?

Witnesses (if any)

Recommended Preventive Actions

Date Reported

