

# Personal Injury Laboratory Accident Report

Name of Person Reporting

Date of Report

Name of Injured Person

Role (e.g., Student, Staff, Visitor)

Date of Incident

Time of Incident

Location of Incident (Building & Room)

Description of Incident

Nature and Extent of Injury

Apparent Cause of Accident

Witnesses

Immediate Actions Taken (First Aid, etc.)

Follow-up/Preventive Measures

Supervisor Notified

