

# Laboratory Injury/Accident Documentation Template

Date of Incident

Time of Incident

Location (Lab/Room Number)

Name of Injured Person

Position/Role

Contact Information

Description of Incident

Apparent Cause

Nature and Extent of Injury

First Aid / Medical Treatment Provided

Corrective Actions / Preventive Measures

Reported To (Supervisor/Authority)

Date Reported

Witnesses

Signature of Preparer

Date