

Fire or Explosion Laboratory Report Form

General Information

Date of Incident

Time of Incident

Location (Building/Lab Room)

Reported By

Incident Details

Type of Incident

Description of Incident

Suspected Cause

Response

Actions Taken

Evacuation Required?

Emergency Services Contacted?

Injuries and Damage

Injuries (Names, Nature of Injuries)

Damage to Property/Equipment

Follow-up Actions

Proposed Follow-up Actions/Recommendations

Reviewed By

Name

Date