

Laboratory Chemical Inhalation Incident Form

Basic Information

Date of Incident

Time of Incident

Location (Building/Room)

Person(s) Involved

Name

Position (Student/Staff/Other)

Contact Information

Incident Details

Chemical(s) Involved

Describe the Incident

Symptoms Noted

Response & Actions Taken

Actions Taken (First Aid, Medical Attention, etc.)

Witness(es)

Reported To (Supervisor, Safety Officer, etc.)

Follow-Up

Recommendations/Preventive Measures

Signature

Date Submitted