

Lab Accident/Injury Reporting Form

Reporter Information

Name

Email

Phone

Department

Incident Details

Date of Incident

Time of Incident

Location (Lab/Room#)

Describe what happened

Type of Incident

Possible cause(s) of accident/injury

Injured Person(s) Information

Name(s)

Affiliation (Student/Staff/Faculty/Visitor)

Describe the injury

Medical Attention

Did the injured person(s) receive medical attention?

If yes, please specify

Corrective Action

Corrective/Preventive actions taken or planned

Date Reported

Signature