

Laboratory Accident Report Sheet

General Information

Date of Accident

Time of Accident

Location (Lab Name/Room #)

Name of Person Involved

Role/Position

Contact Information

Accident Details

Describe What Happened

Cause of Accident (if known)

Injuries and Damage

Describe Any Injuries

Describe Any Equipment or Property Damage

Action Taken

First Aid or Emergency Response Performed

Reported To (Name and Position)

Additional Comments

