School Laboratory Accident Documentation Sheet

General Information Date Time Location (Laboratory/Room) Reported By (Name) Role (Teacher/Student/Other) Person(s) Involved Name(s) List Any Injuries **Accident Description** Describe What Happened Possible Cause(s)

Immediate Actions Taken

Actions and By Whom

Witnesses

Name(s) and Contact Information

Follow-up / Recomm	endations		
Further Action(s) Require	d / Recommendations		