

LABORATORY INCIDENT REPORT. DIVISION OF SCIENCE & MATHEMATICS.

This form is to be used to describe any incident which occurs during a laboratory experiment, field exercise, research procedure or other divisional activity which caused or might have caused injury, destruction of equipment or disruption of normal activity. It is to be filled out completely by the "victim(s)" of the incident, the faculty in charge and teaching assistants, if any. Completed copies of the form should be given to the faculty member who will submit them to the Division Safety Committee, which will review all incidents periodically for the purpose of determining their cause and correcting any conditions which might lead to repetition of the incident.

Name _____ Date of Report _____

Nature of Incident _____

Date of Incident _____ Time _____ Place _____

Give a detailed description of the incident and your involvement. _____

What was your immediate response to the incident? _____

Were you following a standard procedure, i.e., written or oral instructions? Describe.

What do you believe to have been the cause of the incident? _____

What could have been done to prevent it? _____

List people involved and witnesses. _____

Faculty: have you submitted a First Report of Injury form? _____

Signed _____

Date of review by Safety Committee:

Members and others present:

Date submitted to the Division Chair:

Conclusions reached (if any):

Recommendations (if any) to supervising faculty member:

Signatures:

Safety Committee Chair _____ Date _____

Division Chair _____ Date _____