

LABORATORY INCIDENT REPORT

Person Involved _____ Faculty Staff U.G. Grad.

Date of Incident _____ Time _____ Department _____

Location _____ Instructor/Supervisor _____ Course Number _____

Description of the Incident:

Were injuries incurred? Yes No Nature of Injury:

How did the injury occur?

What PPE was being used?

First aid administered (if any) & by whom:

The Person Involved (*if injured*):

1. Declined to seek medical attention at this time. (*requires Person's signature*)

Person Involved Signature/Date: _____

2. Was escorted by Public Safety to Health Services (HSB).

Public Safety Signature/Date: _____

3. Was evaluated by VEMS.

VEMS Signature/Date: _____

Instructor/Supervisor Signature: _____

Department Safety Officer Signature: _____

For Internal Use

Post-Incident Follow up

Safety Training Completed: _____ Date(s): _____ Manner: _____

Actions to prevent recurrence:

Reviewed by: _____ Has the student returned to class? Yes No Date: _____

Distribution: Department Office Health Center EH&S, Stone Hall _____