

UNDERGRADUATE CHEMISTRY LABORATORY INCIDENT REPORT FORM

This form is to be completed by Lab Supervision and forwarded to Facilities Director Peter White, pwhite@unc.edu, and Undergraduate Labs Director, Nita Eskew, neskew@email.unc.edu, as soon as practicable. All incidents involving serious bodily injury must be reported to the Department of Environment, Health and Safety immediately.

LOCATION OF INCIDENT _____ INJURY OR ILLNESS AM
 NEAR MISS DATE OF INCIDENT _____ TIME OF INCIDENT _____ PM DATE OF INCIDENT REPORT _____

LAB COURSE _____ LAB SECTION _____ TEACHING ASSISTANT _____

LAST NAME OF PERSON INVOLVED _____ FIRST NAME OF PERSON INVOLVED _____ INITIAL _____ PID _____

EMERGENCY CONTACT (NAME), IF EXTERNAL HEALTH SERVICES ARE REQUIRED _____ EMERGENCY CONTACT (PHONE) _____

INJURY TYPE (E.G. CUT, BURN, STRAIN) _____ BODY PART AFFECTED _____ CAUSE OF INJURY _____

DESCRIBE EVENTS LEADING TO INCIDENT _____

WHAT ACTS OR CONDITIONS CONTRIBUTED DIRECTLY TO THE INCIDENT? _____

WHAT PERSONAL AND/OR TASK FACTORS CONTRIBUTED TO THE INCIDENT? _____

WHAT PERSONAL PROTECTIVE EQUIPMENT IS REQUIRED FOR THIS LAB? _____ WAS IT IN USE? YES NO

PROBABILITY OF EVENT RECURRING: LIKELY POSSIBLE UNLIKELY
 SEVERITY POTENTIAL: MAJOR SERIOUS MINOR
 EXPOSURE FREQUENCY: FREQUENT OCCASIONAL RARE

TEMPORARY FIX - WHAT IMMEDIATE CORRECTIVE ACTION HAS BEEN TAKEN? _____

PERMANENT SOLUTION - WHAT CORRECTIVE ACTION HAS BEEN OR WILL BE TAKEN TO ELIMINATE THE BASIC CAUSES? _____

MEDICAL TREATMENT: NONE FIRST AID STUDENT HLTH SVCS ER (LIFE THREATENING)

NAME OF INVESTIGATOR _____

DATE OF INVESTIGATION _____