

INCIDENT REPORT FORM*This form is to be used in conjunction with the Faculty Safety Management System Element 05***Class of Incident**
 Minor Incident
 F/A case
 Medical Treatment
 Reportable Case
 Major Incident
Category
 Staff Student
 (Graduate Undergraduate)
 Contractors
 Others, please specify:
Type of Incident
 Injury/Illness
 Fire/explosion
 Environmental
 Others, please specify : Doctor consultation sought
Location of the incident
 Research Lab
 Teaching Lab
 Common Facility
 Student events
 Others :
Department
 DBS
 Chemistry
 Pharmacy
 Physics
 Others : CQT

Name and location of the laboratory/facility : S15-01-14

SECTION 1 - DETAILS OF THE INJURED PERSON (S)Applicable Not Applicable

Name:	Arpan Roy	NRIC or FIN No.	S8476376D
Age in years 26	Race Indian	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others

Address in Singapore Blk 52, #27-01, Bukit Batok East Ave 5.

Permanent Address (for Foreigners)

Occupation	Research Assistant	Medical Leave:	0Days
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Was the victim detained in a hospital for at least 24 hrs for observation or treatment? Yes No

Details of Injury and medical treatment : NIL.

SECTION 2 – DESCRIPTION OF ACCIDENT/ INCIDENT

Date : 10/7/2009	Time : 1500
Place of Incident / Accident	NUS Blk S15-01-14
Nature of Injury	A few small drops of Methanol sprayed on mouth.
Part of the body injured	NIL
Equipment/ machinery / materials involved (if any)	NA

Describe how the incident/ accident occurrence took place: When Arpan was cleaning lenses using wash bottle filled with Methanol, a few small drops of the solvent backwashed and went to his mouth..

SECTION 3 – IDENTIFICATION OF CAUSES (Unsafe act & Unsafe condition)**SECTION 4 – CORRECTIVE MEASURES**

Measures taken and or recommended to prevent a reoccurrence of this accident or incident:

Note-Please indicate the responsible person and completion date for each corrective actions

Investigation Team:

1. _____(Name)_____ (Signature)_____ (Date)
2. _____(Name)_____ (Signature)_____ (Date)
3. _____(Name)_____ (Signature)_____ (Date)