



Science Laboratory Accident/Incident Report Form

Date of accident/incident: _____ Time of accident/incident: _____

Name of instructor or person filing report: _____

Location of accident/incident: _____

Description of accident/incident: _____

Accident victim (if any): _____

Extent of injuries (if any): _____

Names of others involved/nearby (if any): Person 1: _____

Person 2: _____ Person 3: _____

Action taken: _____

Was Public Safety called? _____ Name of reporting officer: _____

Additional actions needed: _____

Description of problems with equipment: _____

Suggestions to prevent a repeat incident: _____

Signature of accident victim: _____

Signature of instructor or person filing report: _____

Date of Report: _____

Send copies to:

1. Chair, Science Department
2. Laboratory Supervisor

Keep a copy of this report for your files.