



# Laboratory Accident / Incident Report

Staff member completing this report		Position	
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Accident / Incident Date: _____ Time: _____ Location: _____
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### Supervising Employee

Name		Position	
Address			

### Other People Involved in Accident / Incident *(reports attached)*

Name		Address	
Name		Address	
Name		Address	
Name		Address	

### Witnesses to Accident / Incident *(reports attached)*

Staff

Students

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Total Number of Witnesses: \_\_\_\_\_

Accident / Incident Date: _____ Time: _____ Location: _____
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Description of Accident / Incident: \_\_\_\_\_

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Immediate Action Taken (including first aid given): \_\_\_\_\_

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Actions taken or recommended to avoid similar occurrences in the future: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Person Completing This Report

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Receiving This Report

\_\_\_\_\_  
Date

Presented to Hazard Review Committee:

\_\_\_\_\_  
Date