



# Laboratory Accident / Incident Student Witness Report

Student completing this report

|      |  |             |  |     |  |
|------|--|-------------|--|-----|--|
| Name |  | Grade Level |  | Age |  |
|------|--|-------------|--|-----|--|

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|--|
| Accident / Incident Date: _____ Time: _____<br>Location: _____ |
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Your eyewitness description of the accident / incident: \_\_\_\_\_

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*(Continue on the back of this form if you need more space.)*

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date