

LABORATORY INCIDENT REPORT FORM
CONTACT SECURITY IN CASE OF SERIOUS INJURY

INSTRUCTOR:

LAB ROOM:

DATE AND TIME OF INCIDENT:

DESCRIPTION OF INCIDENT (ATTACH ADDITIONAL PAGES IF NEEDED)

SIGN AND SUBMIT REPORT TO LABORATORY SUPERVISOR OR DEPARTMENT CHAIR.

COPY OF THIS FORM IS TO BE SUBMITTED TO CHEMICAL HYGIENE OFFICER.

SIGNATURE _____

DATE _____

RECEIVED BY _____

DATE OF RECEIPT _____

___ STUDENT WAS OFFERED AND REFUSED AID BY SECURITY

STUDENT SIGNATURE _____

DATE _____