



## INCIDENT REPORT FORM

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### 1. PERSON INITIATING REPORT:

NAME & POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

SCHEDULED EXPERIMENT? \_\_\_\_\_

UNSCHEDULED / MAKE UP LAB? \_\_\_\_\_

### INCIDENT DESCRIPTION

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What happened?

Time: \_\_\_\_\_ Date: \_\_\_\_\_ Lab room: \_\_\_\_\_

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What lab experiment / activity was being performed when the accident occurred?

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Was it necessary to seek immediate medical attention? Yes \_\_\_ No \_\_\_

Did you seek the assistance of Campus safety or Student Health Services? Yes \_\_\_ No \_\_\_

### 2. Injured student / Staff/ Faculty/ other

NAME: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

W# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF INJURY \_\_\_\_\_

➤ INJURED BODY PART? \_\_\_\_\_

**3. Witnesses:**

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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**FOR STUDENT HEALTH SERVICES USE ONLY**

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Describe injury and part of body injured:

\_\_\_\_\_  
\_\_\_\_\_

Treatment received:

\_\_\_\_\_

Referral :>                      Hospital \_\_\_\_\_                      Clinic \_\_\_\_\_

Student Health service clinician \_\_\_\_\_

Date: \_\_\_\_\_

Follow up requested: Yes \_\_\_\_\_                      No \_\_\_\_\_

Call student for update (date): \_\_\_\_\_

Incident report initiated? \_\_\_\_\_ Date? \_\_\_\_\_

Incident report submitted? \_\_\_\_\_ Date? \_\_\_\_\_

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COPIES TO HR, DIRECTOR OF SAFETY; CAMPUS SAFETY; DIVISION OFFICE AND  
CHEM. STOCKROOM INCIDENT FILE.

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