Teaching Laboratory Accident/Incident Report

Use this form to report injuries, accidents, or other serious incidents that have occurred during a teaching laboratory.

Date of Incident: ________________________ Time: ________________________

Course Number: ________________________

Instructor’s Name: ________________________

Name and Pid of student(s) involved in incident:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Describe the incident below. Include experiment being performed, how the accident/injury occurred, location in laboratory, property damage etc.

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Describe actions taken – first aid, student sent to health services, spill cleaned, fire extinguished, etc. Please provide details.

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Instructor/TA Signature: ________________________
Questions for Injured Student

1. Did the instructor inform you of the hazards of the experiment?  Y___N___

2. Did you have any safety training at the beginning of the semester?  Y___N___

3. Did you read the material related to the experiment concerning safety and hazards?  Y___N___

4. Were you wearing any Personal Protective Equipment?
   Lab coat  Y/N       Eye Protection Y/N       Gloves Y/N

Student Signature: ________________________________

Questions for Witnesses (if applicable)

1. Did the instructor inform you of the hazards of the experiment?  Y___N___

2. Did you have any safety training at the beginning of the semester?  Y___N___

3. Did you read the material related to the experiment concerning safety and hazards?  Y___N___

4. Were you wearing any Personal Protective Equipment?
   Lab coat  Y/N       Eye Protection Y/N       Gloves Y/N

Student Signature: ________________________________