Use this form to report student 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.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

Instructor/TA Signature: ________________________________________________________________
Questions for 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: ___________________________________________________________________