

# STUDENT INCIDENT REPORT

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.

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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 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: \_\_\_\_\_