



LABORATORY INCIDENT REPORT

(To be completed with the Laboratory Supervisor/Principal Investigator)
(i.e., injury, illness, hazardous substance exposure, fire, spill)

Name of Person involved in incident (if applicable):

Employee

Student

Graduate Student

Visitor

Name: (Laboratory Supervisor/Principal Investigator)

Department

Time of Incident

Location of Incident

Date of Incident

Details of Incident: [Also include, what happened and how and why the incident occurred, the injury or illness, chemical, substance or object involved, and amount/volume.]

What action was taken: (What was done to protect individuals or clean up substance. Also indicate if Public Safety or the nurse was contacted and if transport to hospital occurred.)

Call Facilities Services for injuries that require blood/body fluid clean-up. Secure and isolate the area.

What can be done to prevent recurrences:(e.g, SOP's developed, re-training, safety equipment and PPE, counseling)

Investigated by (Laboratory Supervisor/Principal Investigator):

(Print Name)

(Signature)

(Date)

When completed, return form to the Environmental Health and Radiation Safety (EHRS) Department, Box #85.

**Existing procedures must still be followed; i.e., Supervisors completing Human Resource's Accident Investigation Report for employees.*