

Incident Report Form

Use to report any breakage, spill, cut, abrasion, fall, fire, explosion, or any other incident, no matter how major or minor.

Date: _____ Department: _____

Name of person filing this report: _____

NOTE: Return this form, when completed, to the Building Safety Officer (CHO), with a copy to the Director of EHS in Downs Hall.

1. Date and time of incident: _____
2. Place of incident (building, floor and room number): _____
3. Summary of incident (include name of chemical, biological, or other substances(s) involved.

4. Was anyone injured? Yes _____ No _____. Please describe:

5. Did you or others in the area experience any signs or symptoms of exposure?

Yes _____ No _____ Please describe: _____

6. Was the incident related to an experiment? Yes _____ No _____

If so, what was the experiment?

7. What was the first indication that you had of the incident?

8. What did you observe?

9. What did you do in response to the incident?

10. Was the proper equipment available to respond to this incident (e.g. fire extinguisher, eyewash station, safety shower, spill equipment, first aid kit)

Yes _____ No _____

If "no", what was missing?

11. Were the emergency telephone numbers posted? Yes _____ No _____

Comments: _____

12. What else did you see or hear that you think was important?
