

DEPARTMENT OF CHEMISTRY AND BIOCHEMISTRY
HAMPTON UNIVERSITY, HAMPTON, VIRGINIA 23668
LABORATORY INCIDENT REPORT

Please use this form to report laboratory injuries and accidents. Fires should also be reported, particularly when fire extinguishers are discharged. There are two sections to this report. Please be thorough in filling it out.

The following section is to be filled in by the FACULTY MEMBER:

Name of Student Involved: _____

Course # _____ Date: _____ Time: _____

Number of students in lab at time of accident: _____

Experiment number: _____ Lab Manual page: _____

Description of incident:

Action taken (circle)

(A) First Aid (wash, burn- spray, band aid, eyewash, other)	(B) Treatment (sent to clinic, requested ambulance from security)	(C) Clean-up	(D) Fire	(E) Evacuation
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Note time help arrives: _____

Additional comments: (include hazards emphasized)

State your location at time of accident _____

Instructor's Signature

The following section is to be completed by the STUDENT INVOLVED.

	YES	NO
1. Were you informed by the instructor about the hazards of this experiment?	_____	_____
2. Were you wearing your goggles?	_____	_____
3. Were you in your own class section?	_____	_____
4. Did you read the laboratory manual about safety hazards in this experiment?	_____	_____
5. Were you using any other safety equipment? (i.e., gloves, apron, shield)	_____	_____
6. Did you read and sign the laboratory safety sheet given out at the beginning of the semester?	_____	_____
7. What do you see as the cause of this injury/accident/ fire? (Comments)		

Student Name: Print _____ Signature _____

ATTENTION FACULTY: In the event of a serious injury to the student, please have fellow students describe the incident, noting safety instruction and probable cause of the incident below. Once this form is completed, please return it to room 207.

REVIEW AND RECOMMENDATIONS: