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 (B) Treatment (C) Clean-up (D) Fire (E) Evacuation
(wash, burn-spray, band aid, eyewash, other)

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: