

## Appendix A: Laboratory Incident Report Form

<b>Name:</b>	<b>Department:</b>
<b>Title:</b>	<b>Building / Room:</b>
<b>Date/Time of incident:</b>	<b>Phone #:</b>
	<b>E-Mail:</b>
<b>Witness(es):</b>	
<b>Description of incident: Include the use of personal protective equipment, chemical hood or other environmental control, safety equipment (attach additional pages if necessary).</b>	
<b>Did the incident result in an injury? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
<b>Description of injury:</b>	
<b>Public Safety notified: Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
<b>Date:</b>	<b>Time:</b>
<b>Environmental Health and Safety (EH&amp;S) notified: Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
<b>Name of EH&amp;S staff person notified:</b>	
<b>Title:</b>	
<b>Date:</b>	<b>Time:</b>
<b>Emergency response information (include EH&amp;S, fire, police, ambulance response present at the scene):</b>	
<b>Name of Supervisor:</b>	<b>Report prepared by:</b>
	<b>Date:</b>