

**Facility:**

**Location:**

## Incident Report

**Name of Person Involved in Incident:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Description of Incident:** [Type of incident, e.g., illness, accident, injury. Indicate circumstances and who was involved. Indicate any substances (e.g., amount and kind of chemical) or object involved.]

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**Action Taken:**

\_\_\_\_\_ A. First Aid: Wash, Burn, Band-Aid, Eyewash, or other \_\_\_\_\_

\_\_\_\_\_ B. Medical Treatment beyond First Aid: \_\_\_\_\_

\_\_\_\_\_ C. Clean-up or Spill \_\_\_\_\_ D. Fire \_\_\_\_\_ E. Evacuation

**Preventive Measures to Prevent Reoccurrence (if applicable):**

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**To be completed by person involved in incident:**

Did your supervisor advise you on the hazards of the workplace as part of training? Y / N

Were you wearing appropriate PPE (gloves, face shield, etc) properly? Y / N

Did you read and sign the Safety Training Checklist before working in the lab? Y / N

What do you believe was the cause of the incident?

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Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_