

Please fill out and return to the Chemical Hygiene Officer (CHO) in 203A as soon as possible.

General Information

Place of accident: _____

Date and time of accident: _____

TEACHING LAB INCIDENT RESEARCH LAB INCIDENT Other _____
If teaching lab incident:

Course: _____ Section: _____ Professor: _____ TA: _____

Experiment:

Incident Type (check/circle all that apply)

INJURY: Cut Chemical Burn Burn Chemical Exposure Other:

FIRE: Electrical Fire Solvent Metal Paper/Wood Other:

CHEMICAL EXPOSURE/SPILL:

Spill Container Break Leak Vapor Liquid Solid

Other: _____

ILLNESS (symptoms): Fainting Nausea Dizziness Other:

OTHER

Materials/chemicals involved in the incident:

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Personal Injury/Illness

Name of injured/ill person: _____

Nature of injury/illness:

First aid given by: _____

Treatment of injury/illness:

Was person sent to the health center? ____ Was person sent to emergency room? ____

Was person hospitalized? ____ If yes to any of the above, accompanied by: _____

Fire

Source of fire: _____

Fire Dept. called? ____

If fire extinguishers were used,

Name(s) of person(s) involved: _____

Number of extinguishers used: _____ Type of extinguisher used: _____

Extinguishers used were from: _____

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Chemical Exposure/Spill/Other

Chemical(s) involved: _____

Amount(s) involved: _____

Spill kit used: _____ Type of spill kit used: _____

Cause of incident:

Extent of damage:

Filled out by (print): _____ Date: _____

Signature:

Department Head (print): _____ Date: _____

Signature:

CHO (print): _____ Date: _____

Signature:

Reviewed by Safety Committee (date): _____