

6. Location of incident: Building:		Room Number:
7. Type of incident (check all applicable)		
<input type="checkbox"/> Fire	<input type="checkbox"/> Chemical Spill	<input type="checkbox"/> Medical Injury
<input type="checkbox"/> Explosion	<input type="checkbox"/> Radio Active Material Spill	<input type="checkbox"/> Biological Agent Spill
<input type="checkbox"/> Other		
8. Incident occurred during (check one):		
<input type="checkbox"/> Instructional Lab	<input type="checkbox"/> Research Lab	
Course No.:	Room No.:	
9. Were the University Police, Environmental Health & Safety Office (EH&S), or 911 called? (check all applicable)		
<input type="checkbox"/> University Police	<input type="checkbox"/> Environmental Health & Safety Office	<input type="checkbox"/> 911
10. If injury, was the victim given treatment by emergency personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. If injury, was the victim transported by emergency personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Did the victim refuse treatment or transport by emergency personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Type of injury (check all applicable)		
<input type="checkbox"/> Thermal Burn	<input type="checkbox"/> Chemical Burn	<input type="checkbox"/> Glass Cut, Scrape, or Puncture
<input type="checkbox"/> Non-Glass Cut, Scrape, or Puncture		<input type="checkbox"/> Chemical Irritation of Skin
<input type="checkbox"/> Irritation of Eyes	<input type="checkbox"/> Inhalation of Fumes	<input type="checkbox"/> Radio Active Material

Biological Agent

Other

14. Was the victim wearing personal protective equipment? (goggles, etc., please specify)

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15. Description of incident (use the next page if necessary)

THE UNDERGRADUATE STUDENT HAS THE RIGHT TO REFUSE MEDICAL TREATMENT AND/OR EMERGENCY TRANSPORT. MEDICAL TREATMENT CAN BE SUGGESTED BUT NOT ENCOURAGED. THE CHEMISTRY DEPARTMENT CANNOT BE HELD RESPONSIBLE, FINANCIALLY OR OTHERWISE, FOR MEDICAL TREATMENT INCURRED BY THE STUDENT.

Teaching Asst Signature (if a lab course):

Lab Supervisor Signature (if a lab course):

Name and Phone of Witness if available:

15. Description of incident (continued)

16. PI date notified: _____

signature date

17. Safety Committee date notified: _____
signature date

18. Department Head notified: _____
signature date