



## Accident, Injury or Illness Reporting Form

Lab Name: \_\_\_\_\_

Instructor/Lab assistant's Name and Phone: \_\_\_\_\_

Person(s) involved: (include titles) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness Name(s) \_\_\_\_\_

Location/Room No.: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Task being performed when accident occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the accident, illness, or injury and the probable origin cause(s) of the incident. Include the nature of the injury or illness, and any property damage which may have occurred.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe what corrective actions have been taken or need to be taken to ensure this type of incident does not recur.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Signature of Lab Supervisor

\_\_\_\_\_  
Date