LABORATORY PERSONAL SAFETY INCIDENT REPORT
(To be submitted IMMEDIATELY after incident has been dealt with)

Location of Incident (Room number): ___________________
Report Date: ________________ Date of Incident: ________________ Time of Incident: ________

Injured Person: (Name / CWID / Position (Student/Faculty/Staff):
1) ______________________________________________________________________

Witnesses; (Name / CWID / Position (Student/Faculty/Staff):
1) ______________________________________________________________________
2) ______________________________________________________________________

Brief Description of Incident, including the type of injury (burn, cut, etc) and location of injury on
the person (hand, leg, etc).
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Note: If injured person was an employee, please file Worker’s Comp paperwork with human
resources as soon as possible.

Was the safety shower, eye wash or fire extinguisher required? Please specify
___________________________________________________________________________

Did you find it necessary to call 953-5611? _____________________________
If yes, was an MSDS supplied to EMS? _____________________________

Was medical attention recommended? _____________________________

Did the injured party decline medical attention? _____________________________

Injured person’s signature indicating that they decline to seek medical attention:
___________________________________________________________________________

If a chemical was involved, was the MSDS consulted?
___________________________________________________________________________

What preventative measures can be taken to ensure this type of accident does not happen again?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Person Filing Report ____________________________________________