

Submit electronically to E&HS via button below. Also, print a hardcopy and submit to department chair.

SSM LABORATORY SAFETY INCIDENT REPORT (To be submitted within 24 hours of incident.)

Location of Incident(Building/Room#): _____ Report Date: _____

Affected Person(s); (Name/CWID/ Position (Student/Faculty/Staff):

1) _____

2) _____

Activity:Lab Course(e.g. CHEM 111-L01),Research,LabPrep: _____

Date of Incident: _____ Time of Incident: _____

Instructor/Supervisor/Mentor Name: _____

Witnesses: (Name / CWID / Position (Student/Faculty/Staff):

1) _____

2) _____

Brief Description of Incident: _____

Was the safety shower, eye wash or fire extinguisher required? _____

Were the proper authorities notified, (by calling 953-5611)? _____

Was medical attention recommended? _____

Was the MSDS consulted for proper treatment in the event of a chemical spill or contact?

What corrective action was taken (or is recommended) to ensure that this will not happen again? _____

Name of person submitting report _____