Undergraduate Laboratory Injury / Incident Report

Instructions: This form must be completed by the Graduate Student Instructor or Teaching Assistant assigned to any undergraduate laboratory in which an injury occurs. The final section is to be completed by the Stockroom Supervisor. Please write legibly.

1. Name of Injured Student: LAST _______________________________ FIRST ______________________ MI _____
2. Phone Number of Injured Student: (___) ___ - _____
3. Course #: _______________ Room and Building: ______________________
4. Date of the Incident: __ / __ / _____ Time ______________________
5. Brief description including how the incident occurred and the specific injury which resulted from the incident:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
6. List any chemicals involved: _________________________________________
7. List any equipment involved: ________________________________________
8. Was the student wearing:
   Safety glasses? (Circle One)       Yes           No
   Lab Coat? (Circle One)            Yes           No
   Latex/Nitrile Gloves? (Circle One) Yes           No
9. Indicate any other safety equipment (cut-resistant gloves, face shield, etc.) that the student was wearing: ________________________________________________________________
10. Was the eyewash and/or safety shower used? If so, how long did the student flush the affected area of the body? ________________________________________________________________
11. List the names of the witnesses to the incident:
    1) ________________________________________________________________
    2) ________________________________________________________________
    3) ________________________________________________________________
12. List specific suggestions regarding how to prevent similar injuries in the future:
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________

Signature of GSI/TA ______________________________ Date: __ / __ / _____
Print Name ______________________________ Phone ____________________

The College’s ccEHS&S Committee will receive a copy with the student’s name expunged and you may be contacted if further information is needed regarding this incident. This incident is to be reviewed at the next TA meeting.

(Reverse side to be completed by Stockroom)
To be filled out by Stockroom Supervisor

1. Was First Aid administered? (Circle One)  
   Yes  No  
   If yes, who administered the first aid and what was done...

2. Was 911 called for assistance? (Circle One)  
   Yes  No

3. Was the student taken to a hospital? (Circle One)  
   Yes  No
   If yes, which hospital? _______________________________________________
   Indicate how the student was transported ________________________________
   Indicate who accompanied the student __________________________________

Signature of Stockroom Supervisor _______________________________Date ___ / ___ / ______
Print Name _______________________________Phone ____________

Please submit a copy of this form to ccEHS&S at 317 Lewis or via email demetria.powell@berkeley.edu

The College's ccEHS&S Committee will receive a copy of this report with the student's name expunged and you may be contacted if further information is needed regarding this incident.

(Reverse side to be completed by the Graduate Student Instructor/Teaching Assistant)