



# Undergraduate Laboratory Injury / Incident Report

Revised 04/26/18/DP

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: <sup>LAST</sup> \_\_\_\_\_ <sup>FIRST</sup> \_\_\_\_\_ <sup>MI</sup> \_\_\_\_\_
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)

