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 email this form to coc.safety@berkeley.edu and kmesa@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)