

**SCIENCE LABORATORY   
STUDENT ACCIDENT/INCIDENT REPORT FORM**

**Student Information** - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Name:

Last First Middle

Student ID Cell/Daytime Phone

Home Address:

*(city/state/zip)*

**Faculty Member (Lab Instructor) Information** - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Name: Title

Cell/Daytime Phone Program

**Description of Accident/Incident** - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Date of Incident/Accident

Exact Location of Accident *(Campus, Building, Room number)*

Describe Equipment/

Materials/Chemicals Being Used

First Aid Administered? Yes No   
  
Witnesses *(include names, affiliation, and phone numbers if available)*:

**Student’s Description of Accident/Incident:**

*Initial here if I (student) declined first aid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(initials)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

**Faculty Member (Lab Instructor)’s Description of Accident/Incident:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Faculty Member’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
RECEIVED: Department Chair’s Signature Date