



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

FORM AA-001/01 (11/18)

Copies to: Department Chair, Science & Math Division Dean; and Safety and Risk Manager