



**College of Chemistry, Injury & Illness Prevention Program**

**Undergraduate Laboratory Injury / Accident Report**

**041707/mck**

Instructions: This form must be completed by the Graduate Student Instructor or Teaching Assistant assigned to any undergraduate laboratory in which an injury accident occurs. The completed form should be returned to the Stockroom.

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 Accident: \_\_ / \_\_ / \_\_\_\_ Time \_\_\_\_\_
5. Brief description including how the accident occurred and the specific injury which resulted from the accident:
6. List any chemicals involved: \_\_\_\_\_
7. List any equipment involved: \_\_\_\_\_
8. Was the student wearing safety glasses? (Circle One.)      Yes No
9. Indicate any other safety equipment (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 accident:
  - 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_
12. List specific suggestions regarding how to prevent similar injuries in the future.:  
\_\_\_\_\_  
\_\_\_\_\_

Signature of GSI/TA \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

A copy of this report will be given to the laboratory instructor in charge of the course. The College's CCHASP 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)

