
Environmental Engineering Laboratory

Incident Reporting Form

(One form is completed for each individual. A copy of the completed form is retained in the Environmental Engineering Laboratory Safety File.)

Reported by: _____ **Date:** _____

Incident Information

Date (MM/DD/YYYY): _____ **Time:** _____ ☐ AM ☐ PM

Location: ☐ Room 239 ☐ Room 240 ☐ Room 241 ☐ Room 242-245

Incident Type: ☐ Injury/Exposure ☐ Cut/Puncture Injury ☐ Property Damage

☐ Spill ☐ Glass/Equip Breakage ☐ Unsafe Condition ☐ Behavior Incident

Description of Incident: _____

Post-incident Corrective Actions: _____

Conducted by: _____ **Date:** _____

Laboratory Manager: _____ **Date:** _____

Department Chair: _____ **Date:** _____

Return completed form to Laboratory Manager