

Accident Report Form

University of Connecticut – Institute of Materials Science

Instructions:

1. Reporter fills out both pages of the form, being specific in describing both the accident and injuries. Provide all data requested.
2. The reporter passes the form to the building manager.
3. The building manager routes it to the PI/lab manager for signature.
4. The PI/lab manager brings the form to the IMS Main Office
5. The IMS Director determines who is to follow up with the accident victim.
6. The form goes to the IMS Safety Committee for periodic review.

INCIDENT SPECIFICS

Date: _____ **Time:** _____ AM / PM **Location:** Room # _____

PI/Lab Manager: _____

Experiment: _____

Person(s) Involved: _____ (signature): _____

_____ (signature): _____

Witness(es): _____ (signature): _____

INCIDENT TYPE (circle all that apply)

INJURY: Cut Chemical Burn Burn Chemical Exposure

Other: _____

FIRE: Electrical Fire Solvent Metal Paper/Wood

Other: _____

EXPLOSION/IMPLOSION: High Pressure Low Pressure Chemical Equipment Malfunction

Other: _____

CHEMICAL EXPOSURE: Spill Container Break Leak Vapor Liquid Solid

Other: _____

ILLNESS (symptoms): Fainting Nausea Dizziness

Other: _____

DESCRIPTION OF ACCIDENT

(Example: Individual sustained a laceration on the third finger of the right hand while washing a beaker

Empty rectangular box for accident description.

MATERIALS INVOLVED IN THE ACCIDENT

(Example: 6M HCl acid resulted in a burn; broken glass resulted in a cut)

TREATMENT

(Example: hand was rinsed under cold water for 15 min)

SAFETY EQUIPMENT USED (circle all that apply):

First Aid Kit Fire Extinguisher Spill Cleanup Kit Eye Wash Shower
Neutralizing Material Other: _____

- Injured person(s) was NOT sent to the infirmary
- Injured person(s) was sent to the infirmary at _____ AM PM,
Accompanied by: _____

FOLLOW UP

Injured person(s) cell phone number(s): _____

Follow up contact (print): _____ Follow up date: _____

Reporter Name (print): _____

(signature): _____

PI/Lab Manager Name (print): _____

(signature): _____

IMS Director (signature): _____

Safety Committee reviewed (date) : _____