

Accident/Incident Report Sheet
School of Chemistry and Biochemistry
Georgia Institute of Technology

Date of report:

Date of accident/incident/near miss:

Time of event:

Location of event:

Name of person(s) involved:

Names of any witnesses:

1. _____ 2. _____

3. _____ 4. _____

Description of accident/incident/near miss:

Names of those injured and extent of any injuries:

Treatment (if any):

Describe damage to equipment:

Describe damage to facilities/laboratory:

Suggestions to prevent a repeat occurrence:

Steps taken to avoid a repeat occurrence:

Answer the following questions:

- | | | |
|---|---|---|
| - The equipment I was using was properly labeled | Y | N |
| - The chemicals I was working with were properly labeled | Y | N |
| - I was aware of the proper way to handle the instrumentation | Y | N |
| - I was aware of the proper way to handle the chemicals | Y | N |

Signature of person reporting the event: _____

Signature of supervisor: _____

Send copies to:

1. Chair, School of Chemistry and Biochemistry
2. Chair, Chemistry Safety and Security Committee
3. Research Support Manager, School of Chemistry and Biochemistry