

Accident/Incident Report Form

Date of Report: _____ Date of accident/incident: _____

Time of accident/incident: _____

Location of accident/incident: _____

Accident victim (if any): _____

Victim contact information (email and/or cell phone):

Names and contact information of others involved/nearby (if any):

Person 1: _____ Person: 2 _____

Description of accident/incident (use additional sheet if needed):

Describe damage to equipment:

Corrective actions taken to prevent a repeat accident:

First aid response: _____

Treatment undertaken (if any): _____

Signature of accident victim: _____

Name of Research Supervisor/Advisor: _____

Signature of Research Supervisor/Advisor: _____

Send copies to:

1. Chair, Chemistry Safety Committee (pamela.pollet@chemistry.gatech.edu)
2. Chair, School of Chemistry and Biochemistry (mgfinn@gatech.edu)
3. Research Supervisor/Advisor