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