# Laboratory Incident Report

Form must be submitted to University Police and EH&S within 48 hours

| List the Name of Person and Location of the Incident: (Building and room number or other location) |
| Date and Time Incident Occurred: |

Describe WHAT was being done at the time of the incident, HOW the incident occurred, and what PPE was used (name and amount of chemical if incident involved a spill/exposure.

| What: |  |
| How: |  |
| PPE: |  |

Was there an injury?  ___Yes    ___ No  Name of injured person_____________________________________________

Phone Number: ___________________________________

Was anyone exposed to a hazardous material?  ______  If so, identify material and amount_________________________

Was person exposed to blood, saliva or vomit? ___ Yes ___ No  If so, explain.____________________________________

Select the person’s affiliation with WSU

Student_____ Staff______ Faculty_____  Other (explain)_____________

OVER
Reporting Person’s Name and Title_______________________________________________
Personal Phone #:___________________ University Phone #: _________________
Department _________________________ Supervisor _______________________________

Description of ANY action taken in response to the incident when it occurred:

University Police contacted? ____ Health Services contacted? ______ Facilities contacted? ______
University Police 508-929-8911 * Health Services 508-929-8875 * Facilities 508-929-8099

**************DO NOT WRITE BELOW THIS LINE***************
This section is reserved for the person who conducts the follow-up investigation.

FOLLOW-UP RESULTS:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Name of Person who conducted follow-up: _________________________________
Date this final follow up documentation is submitted for archives: _______________
(Final follow up documentation should be submitted to the person(s) or department(s) to whom the original
Incident Report Form was submitted.)
Name of person to whom this was submitted: _________________________________