Seattle University Department of Chemistry Incident Report Form

Contact Information

Date of Incident: _____/_____/______  Time of Incident: ____________ AM or PM
Name of Person Injured/Involved in Incident: __________________________________________
Address: ____________________________________________  Phone: ___________________
City & State: ________________________________  Age: _____
Position (check one):  Student:  __ Faculty:  __  Staff:  __  Visitor:  __  Other:  ______

Incident Description

Location of Incident:  Building:  ___________________  Room number:  _________________________
Type of Incident (check all that apply):  Fire:  __  Spill:  __  Injury:  __  Other:  __
Incident Occurred During:  Lab course (course number & experiment):  ______________________
Research:  __  Other:  ________________________________

Injury Details (skip section if incident was not an injury)

Type of Injury (check all that apply):  Thermal burn:  __  Chemical burn:  __
Glass cut, scrape, or puncture:  __  Non-glass cut, scrape or puncture:  __
Eye Irritation:  __  Inhalation of Fumes:  __  Other:  _____________

Was the victim wearing/using personal protective equipment (goggles, etc., please specify):  __________

Detailed Description of Incident (use the back of this form if necessary):
For serious or life threatening incidents call 5-911
All injuries must also be reported to Public Safety

Detailed description of incident (cont.)

University Response

Were the University Police (5-911) called? _____

Was a Public Safety incident form filled out? _____

If injury, was the victim given treatment by emergency personnel? _____

If injury, was the victim transported by emergency personnel? _____ or

Did the victim refuse treatment or transport by emergency personnel? _____

Signatures

Involved Person Signature/Date: _________________________________________________________

Instructor Signature/Date:  ______________________________________________________________

Name/phone number of Witness if available:  _______________________________________________