LABORATORY INCIDENT / INJURY REPORT: *FORM A*

INJURED PARTY TO COMPLETE Sections A & B, **SIGN, DATE & SUBMIT** to your immediate Principle Investigator or Instructor or Supervisor within 24 HOURS of the event.

Section A: Injured Person General Information	
Last Name:	First Name:
Faculty / Staff ☐ Student ☐ Visitor ☐	EKU ID Number:
Department:	E-mail:
Daytime Phone No:	Evening Phone No:

Section B: Accident / Incident Description		
Date of Event:	Time of Event:	am / pm
Date Reported:	Time Reported:	am / pm
Building:	Room:	
Description of Accident / Incident Location (or mark on a map-sketch of area on another sheet)		
Description of Accident / Incident (and how it occurred)		

Body Area(s) Affected		Type of Injury:	
Head ☐	Neck ☐	Chemical Burn ☐	Thermal Burn ☐
Eyes ☐	Torso ☐	Laceration ☐	Fume Inhalation ☐
Lungs ☐	Arms / Hands ☐	Poison Intake ☐	Electrical Shock ☐
Legs / Feet ☐		Collapse ☐	
Other:		Other:	

How Could Accident / Incident Been Avoided?	
Injured Person Signature:	Date:

If form completed by someone other than the injured party, please fill out the following lines:

Form Completed By:	Phone No.
Signature:	Date:

LABORATORY INCIDENT / INJURY REPORT: *FORM B*

PRINCIPAL INVESTIGATOR / INSTRUCTOR / SUPERVISOR TO COMPLETE Sections C, D & E, **SIGN, DATE & SEND** to Departmental Office (copy to Chemical Safety Officer) within 24 HOURS.

Section A: Principal Investigator / Instructor / Supervisor General Information	
Last Name:	First Name:
Department:	Position:
Daytime Phone No:	Evening Phone No:
If delay in incident / injury report, state reason(s):	

Section B: Treatment

If injury occurred, please identify one of the following:

☐ No First-Aid Given, Returned to Work
☐ First-Aid Given, Returned to Work
☐ Sent to Personal Physician
☐ Refused Treatment
☐ Notified Emergency Response to Location
☐ Sent to Emergency Room

if needed, who accompanied to emergency room:

Section C: Preventative Measures

Was there any supervision of the work or activity being carried out? Yes ☐ No ☐

Has training / instruction been given in the work or activity being carried out? Yes ☐ No ☐

Root cause of the incident?

What corrective actions are being taken to prevent recurrence?

Additional comments:

PI / Instructor / Supervisor Name (Printed):
Signature:
Date: