Undergraduate Laboratory Injury / Accident Report
Revised 09/23/09/mck

Instructions: This form must be completed by the Graduate Student Instructor or Teaching Assistant assigned to any undergraduate laboratory in which an injury accident occurs. The completed form should be returned to the Stockroom.

1. Name of Injured Student: ____________________________  ____________________________  ______
2. Phone Number of Injured Student: (___) ___ - _____
3. Course #: ______________ Room and Building: ______________
4. Date of the Accident: ___ / ___ / ______ Time_____________________
5. Brief description including how the accident occurred and the specific injury which resulted from the accident:
6. List any chemicals involved: ___________________________________
7. List any equipment involved: ______________________________________
8. Was the student wearing safety glasses? (Circle One.) Yes No
9. Indicate any other safety equipment (gloves, face shield, etc.) that the student was wearing: ______________
10. Was the eyewash and/or safety shower used? If so, how long did the student flush the affected area of the body?
11. List the names of the witnesses to the accident:
   1) _____________________________________________________________
   2) _____________________________________________________________
   3) _____________________________________________________________
12. List specific suggestions regarding how to prevent similar injuries in the future:
    ___________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________

Signature of GSI/TA____________________________ Date: ___ / ___ / _____
Print Name_____________________________________ Phone____________________________

A copy of this report will be given to the laboratory instructor in charge of the course. The College’s ccEHS&S Committee will receive a copy with the student’s name expunged and you may be contacted if further information is needed regarding this incident. This incident is to be reviewed at the next TA meeting.

(Reverse side to be completed by Stockroom)
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To be filled out by Stockroom

1. Was First Aid administered? (Circle One.)  
   Yes  No
   If yes, who administered the first aid and what was done...
   ____________________________________________
   ____________________________________________

2. Was 9-911 called for assistance? (Circle One.)  
   Yes  No

3. Was the college Emergency notified at 2-9090  
   Yes  No

4. Was the student taken to a hospital?  
   Yes  No
   If yes, which hospital? ____________________________
   Indicate how the student was transported _______________
   Indicate who accompanied the student ________________

Signature of Stockroom Person ___________________________ Date __ / __ / _____
Print Name ________________________________ Phone ____________

The College’s ccEHS&S Committee will receive a copy of this report with the student’s name expunged and you may be contacted if further information is needed regarding this incident.

(Reverse side to be completed by the Graduate Student Instructor/Teaching Assistant)