

Department of Chemistry
Accident, Fire, or Hazard Report Form

Completed form must be submitted to the Safety Committee, C/O Chairman, SCA 400.

All personnel to report accidents, fires, or hazards occurring within the jurisdiction of the Department of Chemistry should complete this form.

Date: _____ Time: _____ Course #: _____

Location: _____ Immediate Supervisor: _____

Person(s) Involved: _____

Person(s) Injured: _____

(1) Incident Description

Describe the circumstances of the accident, fire, or hazard; the extent of injuries and/or damage and the nature of the emergency action taken. If a fire extinguisher was used, note the departmental identification number.

(2) Cause of the Accident

(3) Actions Taken to Prevent Recurrence

(4) Recommendations to Prevent Recurrence

(5) Signatures

Date

Signature of the Injured Person(s)

Date and Time of Report

Signature of the Person Making the Report

Date

Reviewed by the Department Chairman

Date

Reviewed by Safety Committee Chairman