

Lab Accident Report Form

Date/Time of Incident:	Lab Division where Incident occurred:
Describe Incident: (include Personal Protective Equipment and safety equipment used)	
Did the incident result in an injury: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Description of injury (body part(s) affected, severity, exposure to blood and body fluids, exposure to chemicals):	
List <u>ALL</u> contributing factors to the lab accident <u>AND</u> recommendations to prevent a similar accident from reoccurring.	
Injury Report Form submitted to Employee Injury Management Office : Yes <input type="checkbox"/> No <input type="checkbox"/>	
Environmental Health and Safety (EH&S) notified (ext. 21781): Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of EH&S staff person notified:	

**Copy to Director and Medical Director within two (2) working days.