

# Accident Report Form

University of Connecticut – Institute of Materials Science

## Instructions:

1. Reporter fills out both pages of the form, being specific in describing both the accident and injuries. Provide all data requested.
2. The reporter passes the form to the building manager.
3. The building manager routes it to the PI/lab manager for signature.
4. The PI/lab manager brings the form to the IMS Main Office
5. The IMS Director determines who is to follow up with the accident victim.
6. The form goes to the IMS Safety Committee for periodic review.

## INCIDENT SPECIFICS

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ AM / PM **Location:** Room # \_\_\_\_\_

**PI/Lab Manager:** \_\_\_\_\_

**Experiment:** \_\_\_\_\_

**Person(s) Involved:** \_\_\_\_\_ (signature): \_\_\_\_\_

\_\_\_\_\_ (signature): \_\_\_\_\_

**Witness(es):** \_\_\_\_\_ (signature): \_\_\_\_\_

## INCIDENT TYPE (circle all that apply)

**INJURY:** Cut Chemical Burn Burn Chemical Exposure

Other: \_\_\_\_\_

**FIRE:** Electrical Fire Solvent Metal Paper/Wood

Other: \_\_\_\_\_

**EXPLOSION/IMPLOSION:** High Pressure Low Pressure Chemical Equipment Malfunction

Other: \_\_\_\_\_

**CHEMICAL EXPOSURE:** Spill Container Break Leak Vapor Liquid Solid

Other: \_\_\_\_\_

**ILLNESS (symptoms):** Fainting Nausea Dizziness

Other: \_\_\_\_\_

**DESCRIPTION OF ACCIDENT**

(Example: Individual sustained a laceration on the third finger of the right hand while washing a beaker

Empty rectangular box for accident description.

**MATERIALS INVOLVED IN THE ACCIDENT**

(Example: 6M HCl acid resulted in a burn; broken glass resulted in a cut)

**TREATMENT**

(Example: hand was rinsed under cold water for 15 min)

**SAFETY EQUIPMENT USED** (circle all that apply):

First Aid Kit      Fire Extinguisher      Spill Cleanup Kit      Eye Wash      Shower  
Neutralizing Material      Other: \_\_\_\_\_

- Injured person(s) was NOT sent to the infirmary
- Injured person(s) was sent to the infirmary at \_\_\_\_\_ AM PM,  
Accompanied by: \_\_\_\_\_

**FOLLOW UP**

Injured person(s) cell phone number(s): \_\_\_\_\_

Follow up contact (print): \_\_\_\_\_ Follow up date: \_\_\_\_\_

**Reporter Name** (print): \_\_\_\_\_

(signature): \_\_\_\_\_

**PI/Lab Manager Name** (print): \_\_\_\_\_

(signature): \_\_\_\_\_

**IMS Director** (signature): \_\_\_\_\_

**Safety Committee reviewed** (date) : \_\_\_\_\_