

ACCIDENT/INCIDENT REPORT FORM

DEPARTMENT OF CHEMISTRY AND PHYSICS

Note: University Police must be notified if there is an injury that requires treatment beyond first aid, if the chemical involved requires treatment beyond first aid, or if requested by the victim.

Date of accident/incident: _____ Time of accident/incident: _____

Name of injured person: _____

Did accident/incident occur during regularly scheduled period? _____ Yes _____ No

Course number and section of class: _____

Experiment being conducted during accident/incident: _____

Exact location where accident/incident occurred: _____

Instructor in charge: _____

Instructor's description of accident/incident (attach additional sheet if necessary)

Other witnesses: _____

Was instructor in area when accident/incident occurred? _____ Yes _____ No

If not, explain why not present _____

Was University Police notified? _____ Yes _____ No Time: _____

Name of police officer responding: _____

Was any minor first aid given to victim prior to police arrival? _____ Yes _____ No

If so, what? _____

Did victim refuse further assistance (call to police)? _____ Yes _____ No

If so, why? _____

If so, have student sign here:

I verify that I have refused further medical assistance _____

(signature)

I certify that to the best of my knowledge that the above information is correct.

(signature of instructor)

Date of Report