Accident Report Form
University of Connecticut – Department of Chemistry

Instructions:
1. TA completes both pages of the report describing in detail both the accident and injuries; provide all data requested. 2. The TA brings the form to the Teaching Laboratory Services to scan. 3. The TA brings it to the instructor of the course for signature. 4. The TA brings the form to the Main Office to be placed into the Dept. Head's mailbox. 5. The Dept. Head determines who is to follow up with the accident victim. 6. The form goes to the departmental Safety Committee for periodic review.

INCIDENT SPECIFICS
Date: _____________ Time: ___________ AM PM Location: Room # _____________
☐ TEACHING LAB INCIDENT ☐ RESEARCH LAB INCIDENT
Course: ______________ Section: ______
Experiment: __________________________________________________________
Person(s) Involved: __________________________ (signature): ________________
_____________________________ (signature): __________________________
Witness(es): ____________________________ (signature): ____________________

INCIDENT TYPE (check/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)
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 (check/circle all that apply):
First Aid Kit   Fire Extinguisher   Spill Cleanup Kit   Eye Wash   Shower
Neutralizing Material   Other: __________________________________________

☐ Student was NOT sent to the infirmary
☐ Student was sent to the infirmary at _____ AM  PM, accompanied by ______________________

FOLLOW UP
Student’s cell phone number: ____________________________
Follow up contact (print): ____________________________ Follow up date: ______________________

TA Name (print): ____________________________ (signature): ____________________________

Instructor/PI Name (print): ____________________________ (signature): ____________________________

Department Head (signature): ____________________________

Safety Committee reviewed (date) : ______________________