

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) : _____