Department of Chemistry Incident Report

This document must be filled out by a Teaching Assistant, Graduate Student, or Employee for any incident, fire, or explosion, regardless of severity. Please provide responses for all of the questions above the bold line and return the completed form to the Floor Dispensary or Receiving room (143).

Name of party involved in Incident: __________________________ Phone #: __________________

Faculty, Staff, or Student?: __________ Date of Incident: ________ Time of Incident: ________

PI/Course Professor: __________________________ Course Number: __________________

Location of Incident: __________________________

Description of Incident: __________________________

__________________________________________

__________________________________________

__________________________________________

Type and extent of injury and treatment rendered: __________________________

__________________________________________

Did the injured party report to Student/Occupational Health center or hospital?: _________________

Was the party advised to report to Student/Occupational Health center?: _________________

Was UC Fire Department notified?: _________________ Was EH&S notified?: _________________

Type and extent of property damage: __________________________

__________________________________________

Cause of incident: __________________________

__________________________________________

Corrective Action to be taken to prevent reoccurrence: __________________________

__________________________________________ Date corrective action taken: _______________

Please both print and sign below:

Reported by: __________________________ Date: _______________

Teaching Assistant: __________________________ Date: _______________

Party involved in incident: __________________________ Date: _______________

__________________________________________

Safety Committee comments: __________________________

__________________________________________

__________________________________________

Reviewed by: __________________________ Date: _______________

Chair, Safety Committee

REV. 2013-09-26