

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