

PhysLAB

ACCIDENT/INCIDENT REPORT FORM

This form must be filled by the person who was present at the incident and then completed by the Department Head or any senior member of the lab staff as soon as possible after any accident has occurred.

Name: Faculty Staff Student Other

Department:

Job Title: Work Hours:

Date & Time of Alleged Accident/Incident:.....

Place/Building Name:

Grade of Accident: Minor Moderate Severe *To be filled by the Senior Personnel*

Brief Particulars:

Nature of Injury (if any):

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What action was taken to treat

Or minimize injury or damage?

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In cases of moderate or severe accidents please state the names & addresses of any witnesses:

(1)

(2)

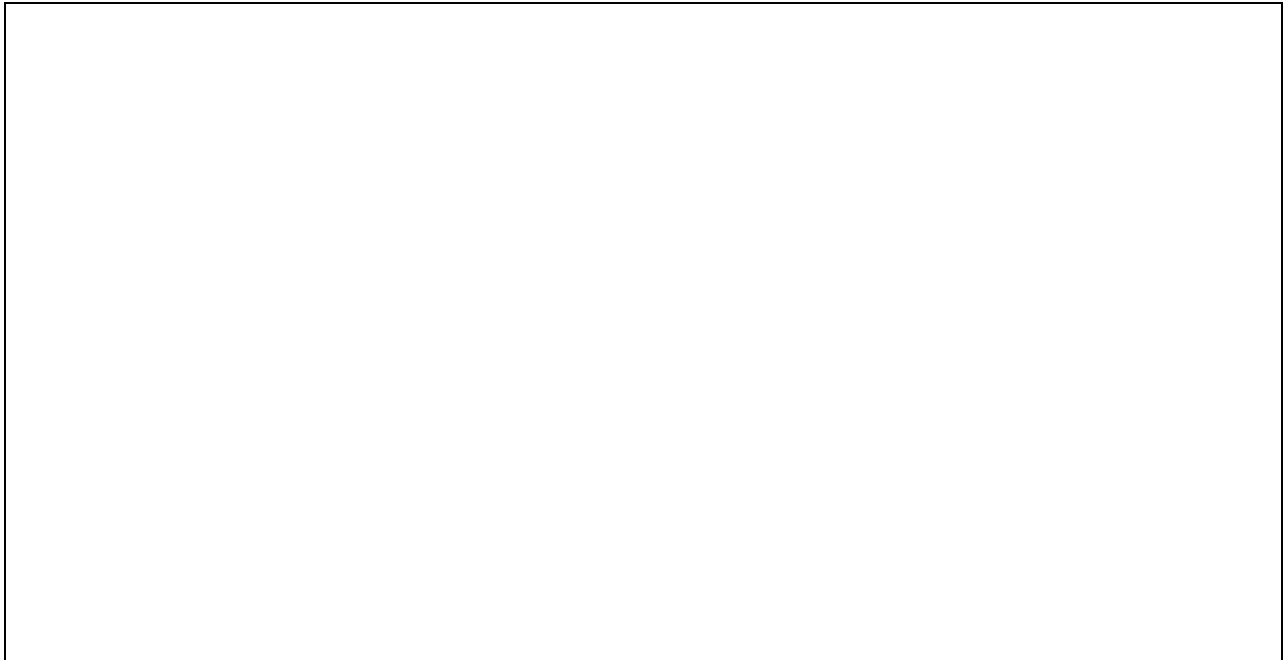
Are the time, date and place stated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the person authorized to be in that place at that time for the purpose of his/her work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

What was the person doing at the time of the accident?

.....

.....

Attach a picture of the incident (if present)



Was this something authorized or permitted to be

Done for the purpose of his/her work?

Yes

No

To who was the accident reported?

When it was first reported?

Signed: Date: