

Worcester State University

LABORATORY INCIDENT REPORT

Form must be submitted to University Police and EH&S within 48 hours

List the Name of Person and Location of the Incident: (Building and room number or other location)

Date and Time Incident Occurred:

Describe WHAT was being done at the time of the incident, HOW the incident occurred, and what PPE was used (name and amount of chemical if incident involved a spill/exposure.

What: _____

How: _____

PPE: _____

Was there an injury? Yes No Name of injured person _____

Phone Number: _____

Was anyone exposed to a hazardous material? If so, identify material and amount _____

Was person exposed to blood, saliva or vomit? Yes No If so, explain. _____

Select the person's affiliation with WSU

Student _____ Staff _____ Faculty _____ Other (explain) _____

OVER

Reporting Person's Name and Title _____

Personal Phone #: _____ University Phone #: _____

Department _____ Supervisor _____

Description of ANY action taken in response to the incident when it occurred:

University Police contacted? ___ Health Services contacted? _____ Facilities contacted? _____

University Police 508-929-8911 * Health Services 508-929-8875 * Facilities 508-929-8099

*****DO NOT WRITE BELOW THIS LINE*****

This section is reserved for the person who conducts the follow-up investigation.

FOLLOW-UP RESULTS:

Name of Person who conducted follow-up: _____

Date this final follow up documentation is submitted for archives: _____

(Final follow up documentation should be submitted to the person(s) or department(s) to whom the original Incident Report Form was submitted.)

Name of person to whom this was submitted: _____