### Appendix J: Possible Chemical Overexposure Report

**The following information should be provided to the examining physician if possible. Send an electronic copy to the Chair and the department chemical hygiene officer.**

|  |  |
| --- | --- |
| **Name:** Click here to enter text. |  |
| **Date of Incident:** Click here to enter a date. | **Time of Incident:** Click here to enter a date. |
| **Department:** Click here to enter text. | **Chair/PI:** Click here to enter text. |

**Identity of the hazardous chemical(s) in use:** Click here to enter text.

**MSDS attached to this report? If not, explain why:** Click here to enter text.

**Duration of exposure:** Click here to enter text.

**Estimated amount of chemical(s) involved:** Click here to enter text.

**Control measures used at time of incident (fume hood, personal protective equipment etc.)** Click here to enter text.

**Description of the incident, include location of where incident took place:** Click here to enter text.

**Location of injuries or sites of contact, e.g. eyes, skin:** Click here to enter text.

**Signs and/or symptoms, if any:** Click here to enter text.

**Are signs and symptoms same as indicated on MSDS?** Click here to enter text.

**Witnesses (include telephone numbers):** Click here to enter text.

|  |  |
| --- | --- |
| **Signature of Injured Employee:** | **Date:**  Click here to enter a date. |

|  |  |
| --- | --- |
| **Signature of Chair:** | **Date:**  Click here to enter a date. |
| **Comments:** Click here to enter text. |  |