### Appendix K: Incident Report Form Involving Injury

**This report must be completed by the employee for any injury that happens in any laboratory. Send an electronic copy to the Chair and the department chemical hygiene officer.**

**Name of injured person:** Click here to enter text.

**Date of accident:** Click here to enter text.

**Time of accident:** Click here to enter text.

**Location of accident:** Click here to enter text.

**Chair/PI:** Click here to enter text.

**Name of chemicals involved (include concentration is applicable), if any:** Click here to enter text.

**Type and location of injury:** Click here to enter text.

**Brief Description of the accident:** Click here to enter text.

**Action taken:** Click here to enter text.

|  |  |
| --- | --- |
| **Signature of Chair:**  |  |

**Date:** Click here to enter a date.

**Comments:** Click here to enter text.