

# Boise State University Chemistry Department Incident/Accident Injury Report

Date: \_\_\_\_\_ Time: \_\_\_\_\_

## AFFECTED PARTY OR PERSON'S PERSONAL INFORMATION

Name (PRINT): \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name/Relationship/Phone Number: \_\_\_\_\_

## INSTRUCTOR/LAB INFORMATION

Instructor or PI Name (PRINT): \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Course Title: \_\_\_\_\_ Section Number: \_\_\_\_\_

Title of Laboratory Being Conducted: \_\_\_\_\_

## DESCRIPTION OF INJURY/DAMAGE

(DESCRIBE LOCATION, SIZE, APPEARANCE, AND ANY OTHER IMPORTANT INFORMATION REGARDING THE AFFECTED AREA)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SYNOPSIS OF HOW INCIDENT OR INJURY OCCURRED

(SPECIFICALLY DESCRIBE IN DETAIL HOW IT OCCURRED INCLUDING THE SPECIFIC PROCEDURAL STEPS FROM THE LAB, AMOUNTS AND NAMES OF ALL CHEMICALS OR EQUIPMENT BEING USED AT THE TIME OF THE INCIDENT OR INJURY, AND EVERY STEP TAKEN AFTER INCIDENT OCCURRED) IF MORE SPACE IS REQUIRED USE REVERSE SIDE OF FORM

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TREATMENT RECEIVED (SPECIFICALLY DESCRIBE ALL STEPS TAKEN TO MITIGATE THE EXTEN FO INJURY OR DAMAGE, AND ANY TREATMENT GIVEN)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were health services offered:  Yes  No

If so, were they accepted or declined:  accepted  declined  N/A

If accepted, what health services were used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Instructor/ PI Signature and Date

Student Signature and Date

## FOR STOCKROOM USE ONLY

Reviewed  Follow up information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature and Date