



LAB INCIDENT REPORT FORM

Date of Incident: _____

Time of Incident: _____

Location: _____

Reported By: _____

Individual(s) Involved: _____

Incident Details:

Description of Incident: (Briefly describe what happened, including any relevant details.)

Safety Measures Taken:

- **Immediate Actions:**

- ☐ Area was secured and others were alerted.
- ☐ Affected area was cleaned or handled safely.
- ☐ Hazards were removed or mitigated.
- ☐ Other actions (Please specify): _____

Assessment of Damage or Impact:

- **Was any equipment or materials affected?**

- ☐ Yes
- ☐ No

If yes, please specify: _____

- **Was there any hazardous substance involved?**

- ☐ Yes
- ☐ No

If yes, please specify: _____



Follow-up Actions:

- **Is the item or area affected critical to lab activities?**
 - ☐ Yes
 - ☐ No
- **Actions Taken for Repair/Replacement:**
 - ☐ Repair or replacement needed.
 - ☐ No repair/replacement needed.
 - ☐ Pending assessment.

Preventive Actions:

- **Safety Reminder/Training:**
 - ☐ Individual was reminded of proper safety procedures.
 - ☐ General reminder to others about safety was given.
 - ☐ Additional training recommended.
- **Follow-up Actions:**
 - ☐ Further review of individual's actions required.
 - ☐ Incident to be monitored for recurrence.
 - ☐ Other actions: _____

Signature of Faculty/Instructor:

(Printed Name) _____

(Signature) _____

(Date) _____

For Office Use Only:

- **Lab Coordinator Review:**
 - ☐ Incident reviewed with individual.
 - ☐ Incident reported to administration (if applicable).
 - ☐ Further follow-up needed.