

THE COLLEGE OF
WOOSTER
Department of Chemistry

ACCIDENT REPORT FORM

- For every accident, fill out this form and make a copy. Give the form to your supervisor and the copy to the Department Safety Coordinator.
- In addition, faculty, staff, and student employees (lab assistants, stockroom assistants, paid student researchers) must also fill out Employee Report of Incident or Injury form. Return this form to your supervisor.
- Print clearly

Author of Report: _____

Advisor/Supervisor (if not Author of Report): _____

Individual(s) involved: _____

Location of accident: _____

Date of accident: _____ Time of accident: _____

Give an exact description of the accident, including its nature (chemical fire, injury, etc.) and its cause if known.

Give an exact account of the emergency procedure(s) used and aid given, explaining why each step was taken. List these in chronological order.

Continued on Reverse

Assess the effectiveness and efficiency of the emergency response. What should have been done differently? What additional safety items would have made the response more effective and efficient?

List any preventative measures or actions that should be instituted as Departmental policy in order to prevent a similar accident in the future.

List safety supplies or equipment that must be restocked, recharged, or tested. Specify item(s) and location(s):

Signature of Author of Report: _____