

Western Carolina University

Laboratory/Field Accident Report Form

Date of Accident:	Time:
Location (<i>Building and Room Number</i>):	
Name of Person Responsible/Supervisor:	Phone Number:
Name of Person Injured (If applicable):	Phone Number:
Nature of Accident (spill, fire, burn, cut, chemical burn, inhalation, fall, bite, etc.):	
Apparent Seriousness of Incident (Minor or Major):	
Briefly describe what happened (attach statements if necessary):	
<p>The Following Action Was Taken:</p> <input type="checkbox"/> Treatment/First Aid <input type="checkbox"/> Emergency Transport <input type="checkbox"/> Injured sent to Infirmary <input type="checkbox"/> Spill Kit Supplies Used <input type="checkbox"/> Other (explain):	
Corrective action taken\planned to prevent similar accidents from reoccurring (attach statements if necessary):	

Instructor (**PRINT**)

Instructor Signature and Date

Injured Person (**PRINT**)

Injured Person Signature and Date

Department Head Date and Initial

Recommendations

Safety Officer Date and Initial

Recommendations