

## LABORATORY INCIDENT REPORT FORM AT QUEENS COLLEGE

### INCIDENT INFORMATION:

DATE: \_\_\_\_\_ BUILDING: \_\_\_\_\_ ROOM: \_\_\_\_\_

NATURE OF INCIDENT: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

NAMES OF PERSONS INVOLVED:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Clean-up done? YES NO BY WHOM?

BRIEF DESCRIPTION OF CIRCUMSTANCES:

ACTION TAKEN:

INJURY: YES NO: DESCRIBE:

PERSON(S) INJURED:

FIRST AID: YES NO MEDICAL CARE: YES NO

REPORTED BY: TELEPHONE #:

REMARKS:

REPORTED TO: DATE:

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**NOTE: IN CASE OF PERSONAL INJURY, CALL 911 AND CAMPUS SECURITY AT (718) 997-5911.**

FOR CLEAN-UP, FOLLOW SAFETY PRECAUTIONS. REPORT THE INCIDENT TO ENVIRONMENTAL HEALTH AND SAFETY AT 718-997-4177/4171 AND TO THE SUPERVISOR OF THE DEPARTMENT WHERE THE SPILL OCCURRED.