



## Lab Incident/Near Miss Report – Person Involved

Please fill out this form as completely as possible detailing the events of the incident. Attach additional sheets if needed. When complete, return to the following:

Richard Adickes, TCU Box 298860, SWR 437, Ph: (817) 257-5395, [safety@tcu.edu](mailto:safety@tcu.edu)

Name:	Department:	TCU ID#:
Position/Title (Undergrad, Grad, Post-doc, etc.):	Phone #:	Email:
Principle Investigator/Supervisor:	Incident Location:	Date/Time of Incident:

### How the incident occurred:

Describe, in detail, how the incident occurred. Explain the operation in which you were involved. What were you doing before the incident occurred? What was your goal? What were you doing at the time the incident occurred? Is this a routine operation? Etc.

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Describe the sequence of events that followed the incident. How did you respond?

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Describe any equipment, machinery, or instruments in use at the time of the incident and their potential contribution to the incident.

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Did you sustain any injuries? What were they? How were they treated? Did you require medical care? Describe the severity of the injury.

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Was there any property loss or damage? Please elaborate.

**Safety Rules and Procedures:**

Was the use of personal protective equipment (PPE) necessary during the given operation? Was the PPE worn? What did it consist of?

What type of training did you receive prior to engaging in this operation? Was the training adequate? What did it consist of?

Are there any specific safety rules which apply to this procedure? Were they followed? Are they adequate?

Any other comments?

What are your recommendations for preventing recurrence?

Signature:

Date: