



Environmental Health & Safety Laboratory Incident Report – Person Involved

Please complete form in its entirety, and to the best of your ability, detailing the events of the incident. Attach additional pages, photos, etc. if necessary.

Return completed form to: EHS, TCU Box 298860, SWR 438, Fort Worth, TX 76129 or email to Safety@tcu.edu.

Name:		TCU ID#:	
Email:	Phone:	Department:	
TCU affiliation at time of incident. Check all that apply.			
<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Grad Student	<input type="checkbox"/> Undergrad
<input type="checkbox"/> Other: _____			

Please complete if the incident involved a student that is a paid employee:

Is the student a paid employee of the university: Yes No **Was the student injured performing job duties:** Yes No

Incident Information		
Date of Incident:	Time of Incident: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Report:
Location of Incident (Building & Room):		
Describe, in detail, how the incident occurred and response. **Include chemicals, equipment, instruments, etc. and their potential contribution to the incident**		
Describe any injuries sustained. **Include all persons injured, location and severity of injury, treatment/triage performed, if and where medical treatment sought, transportation provided to medical facility, and any additional relevant details**		
Describe any property loss or equipment damage.		
Describe PPE used, training received, and safety rules that apply to this procedure.		
Corrective steps taken, or planned to be taken, to prevent incident recurrence.		

Signature:	Date: