Incident Information

|  |  |  |
| --- | --- | --- |
| Principle Investigator | Department | Phone |
|  |  |  |
| Location of incident, including building and room#. | Time & Date of Incident |
|  |  |
| Description of laser involved. |
| Make | Model | Maximum Power (W) | Type (HeNe, Ar, Sapphire, etc) |
|  |  |  |  |
| Mark the laser class that was involved. | Power output at time of incident (W). |
| [ ]  | Class I | [ ]  | Class II | [ ]  | Class IIIa | [ ]  | Class IV |  |
| Mark the wavelength of the laser. | Laser Maximum Permissible Exposure (MPE)  |
| [ ]  | UV(<0.4μm) | [ ]  | Visible(.4-.71 μm) | [ ]  | Near IR(>0.71-1.4 μm) | [ ]  | Far IR(> 1.4 μm) |  |
| Person(s) Involved in Incident. Attach additional pages if necessary. |
| Name | Phone | Email Address  | Estimated level of exposure received. |
|  |  |  |  |
|  |  |  |  |
| TCU affiliation at time of incident: Check all that apply |
| [ ]  Faculty [ ]  Staff [ ]  Grad Student [ ]  Undergrad [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Was the individual injured? |
| [ ]  Yes [ ]  No If Yes, where? |
| Extent of InjuryWas the individual trained in operation and safe laser use (safety skills)? [ ]  Yes [ ]  No |
| Did the individual receive medical treatment? |
| [ ]  Yes [ ]  No if yes then where? If no then why not? |
| Protective Equipment |
| Was the individual wearing protective eyewear? [ ]  Yes [ ]  NoWas the individual wearing gloves? [ ]  Yes [ ]  NoWas the individual wearing a lab coat? [ ]  Yes [ ]  NoWas the individual wearing other protective equipment? [ ]  Yes [ ]  No |
| Details of Incident |
|  |
| Corrective steps taken or planned to be taken to prevent recurrence? |
|  |

Acknowledgement and Agreement

**Send this completed form to The Office of Research at** **Research@tcu.edu** **&aslrisl@tcu.edu. (817) 257-5070.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Person Filing Report (Print Name)** |  | **Signature**  |  | **Date** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Office Use Only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Reviewed by Laser Safety Officer** **(Print Name)** |  | **Signature**  |  | **Date** |

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