



Laboratory Incident Report Form

Email the Form to OEHS : umbehs@umb.edu

Date:

Name:

Employee Student Graduate Student Visitor

Email:

Phone:

Department:

Building/Room:

Incident Date:

Incident Time:

PI/Supervisor:

Witness(es):

Physical injury from the incident: Yes No:

Incident description: (nature of incident, e.g., illness, accident, injury. If injury occurred, indicate circumstances and who was involved. Indicate any substances (e.g., amount and kind of chemical, biological material) or object involved. Include the use of Personal Protective Equipment and Engineering Controls, e.g., fume hood, biosafety cabinet in use).

Incident Response: (What was done to protect individuals or clean up substance? Also indicate if emergency personnel were contacted and if visit to university healthcare or transport to hospital occurred).

Supervisor Signature:

Date: