



Harvey Ingham 30
2804 Forest Ave
Des Moines, IA 50311
515-271-3804
ehs@drake.edu
www.drake.edu/ehs

Laboratory Incident Report Form

| | |
|--|--------------------------|
| Name: | Department: |
| | Building / Room : |
| Date/Time of incident: | |
| Witness(es): | |
| Description of incident: Include the use of Personal Protective Equipment, chemical hood or other environmental control, safety equipment (attach additional pages if necessary). | |
| Did the incident result in a an injury: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Description of injury: | |
| Environmental Health and Safety (EH&S) notified: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: | |
| Name of EH&S staff person notified: | |
| Date: | |
| Name of Instructor/supervisor: | Signature: |
| | Date: |