

The Ohio State University Department of Chemistry Incident Report Form (9/03)

Date of Incident: _____ / _____ / _____ Time of Incident: _____ AM or PM

Name (of Injured): _____ University ID# (optional): _____

Address: _____ Phone _____

City & State: _____ Age: _____ Sex: _____

Position (Check One): Undergraduate: _____ Graduate Student: _____ Faculty: _____ Post-Doc: _____ Staff: _____

Visitor: _____ Other: _____

Location of Incident: Building _____ Room Number: _____

Type of Incident: Fire: _____ Chemical Spill: _____ Medical Injury: _____ Other: _____

Incident Occurred During: Lab Course: (Course Number and experiment #): _____

Research: _____ Other: _____

Was the University Police called or was 911 called ? _____ (if yes, circle which was called)

If injury, was the victim given treatment by emergency personnel? _____

If injury, was the victim transported by emergency personnel? _____ or

Did the victim refuse treatment or transport by emergency personnel? _____

Type of Injury (check all that apply): Thermal Burn _____ Chemical Burn _____ Glass Cut, Scrape, or Puncture _____

Non-Glass Cut, Scrape, or Puncture _____ Chemical Irritation of Skin _____ Irritation of Eyes _____

Inhalation of Fumes _____ Other _____

Was the victim wearing personal protective equipment? (goggles, etc., please specify) _____

Description of Incident (Use the back of this form if necessary):

THE UNDERGRADUATE STUDENT HAS THE RIGHT TO REFUSE MEDICAL TREATMENT AND/OR EMERGENCY TRANSPORT. MEDICAL TREATMENT CAN BE SUGGESTED BUT NOT ENCOURAGED. THE CHEMISTRY DEPARTMENT CANNOT BE HELD RESPONSIBLE, FINANCIALLY OR OTHERWISE, FOR MEDICAL TREATMENT INCURRED BY THE STUDENT.

Teaching Asst Signature (if a lab course): _____

Lab Supervisor Signature: _____

Name and Phone of Witness if available: