

The Ohio State University Department of Chemistry and Biochemistry Incident/ Near Miss Form

Date and Time of Incident: _____

Name: _____

Address: _____ Phone: _____

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

Visitor _____ Volunteer _____ Other _____

Location of Incident: Building _____ Room number _____

Type of Incident: Fire _____ Chemical Spill _____ Medical Injury _____ Explosion _____ Near Miss _____

Incident occurred during Lab course(Course number and Expt #) or Research Lab _____

(Yes / No) Was 911 or the OSU Police called? (Yes / No) Was the victim given treatment by emergency personnel?

(Yes / No) If injured, was the victim transported by Emergency personnel? (Yes / No) Did the victim refuse transport?

Type of Injury (Check anythat apply) Thermal burn _____ Chemical burn _____ Glass cut, scrape, or puncture _____

Non-glass cut, scrape, or puncture _____ Skin Chemical Irritation _____ Eye Irritation _____ Fume Inhalation _____

None _____ Other _____

Was the individual wearing personal protective equipment? Yes/ No (Specify lab coat type, eye protection type, glove type) _____

Incident Description

Supervisor -What actions will be taken to correct the hazardous acts or condition(s) causing the incident?

If the person involved is an undergraduate student, they have the right to refuse medical treatment and or emergency transport. Medical Treatment can be suggested but not encouraged. The Chemistry and Biochemistry Department cannot be held responsible, financially, or otherwise for medical treatment incurred by the student.

TA or Researcher's Signature and Printed Name _____

Lab Supervisor Signature and Printed Name: _____

Name and Contact Info for Witness (if available): _____

Additional Comments: