



LABORATORY ACCIDENT/INCIDENT INVESTIGATION REPORT

Directions:

Names of Parties Involved and/or Witnesses to the Incident: (PLEASE INCLUDE CONTACT INFORMATION FOR EACH PERSON.)

Description of any Engineering Controls/ Safety Equipment and Personal Protective Equipment in Use at the Time of the Incident:

INJURY OR ILLNESS

Type:

None Physical Injury Occupationally-Related Illness Potential Harmful Exposure

Name of Parties Affected and Description of Injury/ Illness/ Exposure:

physician

PROPERTY / ENVIRONMENTAL DAMAGE OR LOSS