

Physics Lab Incident Report Form

The Incident report form helps identify incidents, implement corrective actions, and ensure the safety of staff, faculty, and students. *This form should be emailed to the Lab Director (sung.maeng@njit.edu)*

Institution: NJIT	Department: Physics Introductory Labs	Lab Director: Dr. Sung Maeng
Date of Report: _____		

1. Person & Location

Name:	
Role:	<input type="checkbox"/> Student : <input type="checkbox"/> TA: <input type="checkbox"/> Staff: <input type="checkbox"/> Faculty: <input type="checkbox"/> Visitor
Lab Course/Section:	
Date/Time of Incident:	
Location (Room/Station):	

2. Incident & Injury Summary

Activity Leading to Incident:	
Incident Type (Check One Primary):	<input type="checkbox"/> Cut/Abrasion <input type="checkbox"/> Burn (Specify: _____) <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Chemical Exposure (Specify Chemical: _____) <input type="checkbox"/> Fall/Slip <input type="checkbox"/> Equipment Failure (Specify: _____) <input type="checkbox"/> Other: _____
Body Part Affected:	
Severity:	<input type="checkbox"/> Minor: <input type="checkbox"/> Moderate: <input type="checkbox"/> Severe
Brief Description (What happened):	

3. Action & Follow-Up

First Aid Given:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, briefly: By whom, _____)
Medical Care Needed Off-Site:	<input type="checkbox"/> Yes: <input type="checkbox"/> No (If Yes, Location: _____)
Recommended Prevention Action:	
Witness Name(s) & Contact:	

4. Signatures & Verification

Role	Name	Signature	Date
Injured Person			
Lab Instructor			
Lab staff			

(EHS/Director use only: Classification:

Date Verified:

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