Accident/Incident Report Sheet
School of Materials Science & Engineering
Georgia Institute of Technology

Date of report:

Date of accident/incident/near miss:

Time of event:

Location of event:

Name of person(s) involved:

Names of any witnesses:

Description of accident/incident/near miss:

Names of those injured and extent of any injuries:

Treatment (if any):

Describe damage to equipment:

Describe damage to facilities/laboratory:

Suggestions to prevent a repeat occurrence:

Answer the following questions:

- The equipment I was using was properly labeled
  - YES
  - NO

- The chemicals I was working with were properly labeled
  - YES
  - NO

- I was aware of the proper way to handle the equipment/materials
  - YES
  - NO

Name & Signature of reporting Individual: ________________________________________________

Signature of supervisor: ______________________________________________________________

Send copies to:

1. Chair, School of Materials Science & Engineering
2. Coordinator, MSE Safety Committee
3. MSE Facilities Manager

Revised: November 30, 2011