

Non-Employee Incident Reporting Form

Incident Report Information

- Injury Non-Injury Near-Miss Warning
- Student Visitor

Incident Date/Time:

Incident Location:

Incident Reported by:

Report Date:

Incident Description

Signature: _____

Hazardous Chemical Involved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical Name:
CAS #:
Hazard:
Possible Outcomes as Result of Incident

Medical Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No
Was treatment refused?
If treated, transported for treatment by whom? _____
Where was individual transported? _____
Diagnosis and Treatment (if known): _____

Contributing Factors

- | | |
|---|--|
| <input type="checkbox"/> Improper Equipment Use | <input type="checkbox"/> Equipment Malfunction/Failure |
| <input type="checkbox"/> Equipment Design or Layout | <input type="checkbox"/> Unsafe Conditions |
| <input type="checkbox"/> Insufficient Training | <input type="checkbox"/> Other |

Explain contributing factors in detail below:

Incident Prevention

Preventative Exposure Control

Select the controls used at the time of the incident

Engineering Controls	Yes	No
Fume Hood	<input type="checkbox"/>	<input type="checkbox"/>
Glove Box	<input type="checkbox"/>	<input type="checkbox"/>
Other Ventilation	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Controls	Yes	No
Signage	<input type="checkbox"/>	<input type="checkbox"/>
Warning Labels	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Personal Protective Equipment	Yes	No
Safety Glasses / Goggles Required	<input type="checkbox"/>	<input type="checkbox"/>
Lab Coats Required	<input type="checkbox"/>	<input type="checkbox"/>
Gloves Required (what type)	<input type="checkbox"/>	<input type="checkbox"/>
Respirator Protection Required (Must be approved by EHS)	Yes	No
Other	<input type="checkbox"/>	<input type="checkbox"/>

Disposal of Hazardous Waste

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Office of Compliance and Risk Management
Environmental Health and Safety
615 Loop Road
Harbourt Hall Suite 310
Kent, OH, 44242
Phone (330) 672-4347
Fax (330) 672-3662

Additional Information

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Witness(es)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Submitted by

EHS Review
