

RADFORD UNIVERSITY

ENVIRONMENTAL HEALTH & SAFETY

LABORATORY ACCIDENT/INCIDENT INVESTIGATION REPORT

Directions: Complete this form to promptly report incidents/accidents occurring in labs or other research/clinical work spaces that involve 1) injury, illness or harmful exposure (or potential illness/ harmful exposure) of persons in the lab or space, 2) spill or release of harmful materials, 3) fire or explosion, 4) property or environmental damage or loss, 5) unsafe conditions or acts that must be addressed. Prompt reporting of incidents to EHS is essential for determining how to minimize the occurrence of future incidents.

NOTE: If the incident has resulted in *employee injury/illness*, the employee and/or employee's supervisor must complete an [Employers Accident Report \(EAR\)](#) within 24 hours of the incident so the employee can be eligible for workers compensation. The [EAR](#) and this Accident Report serve completely different functions and are not interchangeable. The [EAR](#) can be accessed on [Human Resources website](#).

REQUIRED INFORMATION <i>(Individual reporting the incident)</i>		
Last Name, First Name:		Email:
Address <i>(Home or Work)</i>		
Phone:	Incident Was Reported On: <i>(MM/DD/YYYY)</i>	Time Reported: <i>(HH:MM)</i> __ am __ pm
My status: __ Undergrad Student __ Grad Student __ Faculty __ Staff __ Visitor Other: _____		
I provided prompt notification of the incident to: __ The Principal Investigator __ The Lab Manager __ The Area's Supervisor Other: _____		
INCIDENT INFORMATION		
Date of Incident: <i>(MM/DD/YYYY)</i>	Time: <i>(HH:MM)</i> __ am __ pm	Location of Incident: <i>(Building; Room #)</i>
Type of Incident: __ Injury/ Illness __ Spill/ Release __ Fire/ Explosion __ Property/ Environmental Damage or Loss __ Unsafe Condition Other: _____		
Hazard(s) Involved: <i>(Select all that apply.)</i> __ Biological/ Genetically Modified Material __ Chemical/ Particulate/ Nanomaterial __ Hazardous Energy (laser, x-ray, UV) __ Electrical/ High Voltage __ Radiation __ Physical Hazard (heat, cold, pressurized, spinning/rotating, sharp, mechanical, confined space) Other: _____		
Description of Incident: <i>(Visitors, please include your purpose for being at the location of the incident.)</i>		

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:

Treatment: *(Select all that apply.)*

None First Aid Student Health Services Emergency Medical Services Personal Physician
 Hospital (outpatient) Hospital (admitted) Panel Physician

PROPERTY / ENVIRONMENTAL DAMAGE OR LOSS

Not Applicable

Description of Damage or Loss:

Promptly send completed Accident Reports to Environmental Health and Safety:

- By campus mail to PO Box 6909
- By U.S. mail (EHS mailing address is PO Box 6909, Radford, VA 24142)
- By scanning and emailing to ehs@radford.edu