INCIDENT REPORT

**First & Last Name : .…..…………………………………**

**Position** (Researcher, Student) **: .…..…………………………………**

**Date & time of incident : .…..…………………………………**

**Laboratory** (Room No) **: .…..…………………………………**

**Supervisor : .…..…………………………………**

**Type of incident : .…..…………………………………**

**(**Injury, Equipment/material damage, Fire, Other)

**Source of incident** (tick one or more)**:**

 **□** Laser

 **□** Electricity, High voltage

###### **□** Chemicals

###### **□** Water supply

###### **□** Other : ………………………………………

##### Detailed incident report

*Describe in detail the type of accident and the conditions under which this was sustained. Report the actions you took and the direct or indirect involvement of other personnel in the accident.*

Report Date:

(Signature)