**Instructions:** Use this report for laboratory incidents that **DO NOT** involve injuries or hazardous substance exposure. For injuries or exposures to hazardous substances please use Rowan’s Incident Report Form available on the Risk Management website under Incident Reporting.

**This report is for:**

* Hazardous Substance Spills (Chemical, Biological, Radiation)
* Property Damage
* Uncontrolled Material Release
* Equipment Failure
* Failure to follow proper procedure
* Any other incident where a further investigation is needed to prevent reoccurrence.

**Description of Incident – include the following:**

* Describe procedure or activities that were being performed at time of incident
* Hazardous substance spilled and quantity
* PPE worn when incident occurred
* Equipment used when incident occurred
* Damaged property
* List equipment that failed

**Description of Emergency Response – include the following:**

* Describe the emergency procedures implemented during the incident, include timeline
* Immediate actions taken to mitigate incident
* Emergency personnel contacted
* Emergency personnel who responded to incident

Please complete the form below and email this to [labsafety@rowan.edu](mailto:labsafety@rowan.edu) within 24 hours of the incident. Lab Safety will contact you to review and investigate the incident.

**To complete form: Go to “View” – “Edit Document”**

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| --- | --- | --- | --- |
| **Campus:**  Click or tap here to enter text. | **Building:**  Click or tap here to enter text. | **Location/Room#:**  Click or tap here to enter text. | **Dept:**  Click or tap here to enter text. |
| **Date of Incident:**  Click or tap here to enter text. | **Time of Incident:**  Click or tap here to enter text. | **Date Form Completed & Sent to Lab Safety:**  Click or tap here to enter text. | |
| **Employee Completing Report:**  Click or tap here to enter text. | **Job Title:**  Click or tap here to enter text. | **Phone #:**  Click or tap here to enter text. | **Email:**  Click or tap here to enter text. |
| **Supervisor:**  Click or tap here to enter text. | **Job Title:**  Click or tap here to enter text. | **Phone #:**  Click or tap here to enter text. | **Email:**  Click or tap here to enter text. |
| **List Individuals Involved & Witnesses** | | | |
| **Name:**  Click or tap here to enter text. | **Job Title:**  Click or tap here to enter text. | **Email:**  Click or tap here to enter text. | |
| **Type of Incident:**  Spill  Uncontrolled Material Release  Equipment Failure  Failure to Follow Proper Procedure  Property Damage  Other: Click or tap here to enter text. | | | |
| **Description of Incident:**  Click or tap here to enter text. | | | |
| **Description of Emergency Response:**  Click or tap here to enter text. | | | |