**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 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”**

|  |  |  |  |
| --- | --- | --- | --- |
| **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. |