



REPORT OF STUDENT LABORATORY ACCIDENT/INJURY/ILLNESS

DATE OF REPORT: _____ **DATE OF INCIDENT/TIME:** _____

If injured – Treatment Location

- ◆ Student Health Service _____
- ◆ Evangelical Hospital _____
- ◆ Other location _____

Person completing this report: _____

Department: _____

Injured student's name: _____ Class Year: _____

Course/Lab Section: _____ Experiment # _____

Instructor name: _____ TA name: _____

Nature and location of Injury (contusion, laceration to arm)

What was student doing when incident occurred? _____

How did injury/incident occur? _____

Refused medical treatment (Y/N): _____ Date: _____

If yes, student signature: _____

Professor signature: _____

Instructions: Send original document to Carol Pavlick, EH&S Program Manager, Geiger Service Building, Room 116. Retain a copy of this document for department files.