DUKE UNIVERSITY
DEPARTMENT OF CHEMISTRY – INCIDENT REPORT FORM

THIS FORM MUST BE FILLED OUT FOR EVERY INJURY OR FIRE, NO MATTER HOW SMALL, AND FOR CHEMICAL SPILLS INVOLVING HAZARDOUS SUBSTANCES OR USE OF A SPILL KIT. COMPLETED FORMS SHOULD BE TURNED IN TO TRISH MCMILLAN IN FFSC 3237 AND AN ADDITIONAL COPY SHOULD BE GIVEN TO DR. WOERNER IN FFSC 1224.

Personal Injury

Place of accident ________________________________________________

Date and time of accident _______________________________________

Nature of accident ______________________________________________

Name of injured person _________________________________________

Nature of injury ________________________________________________

First aid given by ______________________________________________

Was person sent to emergency room? _____ Was person hospitalized? _____

Fire

Type of Incident: Fire _________________ Chemical Spill _______________

Name(s) of Person(s) Involved ______________________________________

Location of Incident _______________ Date _____________ Time ________

For Fires: Fire Dept. Called (Y/N) ___ Number of Extinguishers Used ______

Extinguishers used were from (room numbers) _______________________

Chemical Spill

For Chemical Spills: Chemical Name __________________________________

Amount Spilled _______ Spill Kit Used _______ Type _____________

Cause of Incident ________________________________________________

Extent of Damage ________________________________________________

10/21/09