

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 _____