

For serious or life threatening incidents call 5-911

All injuries must also be reported to Public Safety

## Seattle University Department of Chemistry Incident Report Form

---

### Contact Information

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Incident: \_\_\_\_\_ AM or PM

Name of Person Injured/Involved in Incident: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City & State: \_\_\_\_\_ Age: \_\_\_\_\_

Position (check one): Student:  Faculty:  Staff:  Visitor:  Other:

---

### Incident Description

Location of Incident: Building: \_\_\_\_\_ Room number: \_\_\_\_\_

Type of Incident (check all that apply): Fire:  Spill:  Injury:  Other:

Incident Occurred During: Lab course (course number & experiment): \_\_\_\_\_

Research:  Other: \_\_\_\_\_

Injury Details (skip section if incident was not an injury)

Type of Injury (check all that apply): Thermal burn:  Chemical burn:

Glass cut, scrape, or puncture:  Non-glass cut, scrape or puncture:

Eye Irritation:  Inhalation of Fumes:  Other: \_\_\_\_\_

Was the victim wearing/using personal protective equipment (goggles, etc., please specify): \_\_\_\_\_

---

Detailed Description of Incident (use the back of this form if necessary):

For serious or life threatening incidents call 5-911

All injuries must also be reported to Public Safety

*Detailed description of incident (cont.)*

---

**University Response**

Were the University Police (5-911) called? \_\_\_\_\_

Was a Public Safety incident form filled out? \_\_\_\_\_

If injury, was the victim given treatment by emergency personnel? \_\_\_\_\_

If injury, was the victim transported by emergency personnel? \_\_\_\_\_ or

Did the victim refuse treatment or transport by emergency personnel? \_\_\_\_\_

---

**Signatures**

Involved Person Signature/Date: \_\_\_\_\_

Instructor Signature/Date: \_\_\_\_\_

Name/phone number of Witness if available: \_\_\_\_\_