

ANALYTICAL SERVICES LABORATORY

Incident Report
IC Research Building

ASL INCIDENT REPORT

Type of Incident: <input type="checkbox"/> ACCIDENT/INJURY <input type="checkbox"/> EXPOSURE <input type="checkbox"/> EVENT <input type="checkbox"/> CLOSE CALL <input type="checkbox"/> OBSERVATION	Detailed description of the Incident:
Time, date and location of incident : Time: Date: Room/rooms :	
Incident reported by: _____ ASL staff Date:	
Incident report noted by: _____ Quality Manager Date:	
To be completed only if injury or first aid was required	
Type of injury sustained: Person/persons injured:	Was the event / injury caused by an unsafe act (activity or movement) or an unsafe condition (machinery or weather)? Please explain:
Cause of injury :	
Name of hospital or physician:	
Recommendations to prevent similar incident: 	
Notes on Incident Classification: Incidents that must be reported and documented include: <ol style="list-style-type: none">1. Accident, Injury: accidents, injuries or other incidents, which resulted in any medical attention.2. Exposure Incidents: skin, eye, mucous membrane contact with chemicals and other potentially dangerous materials that resulted in any health hazard.3. Event: incidents which involved damage to properties due to fire, electrical, weather, earthquake or other unforeseen events.4. Close call: near miss is an unplanned event that did not result in injury or damage, but had the potential to do so.5. Observation: records of incidents that did not involve major or minor injury not requiring medical treatment, but had a potential for causing serious injury or damage to property.	