**INSTRUCTIONS:**

**The teaching laboratory coordinator and/or TA must complete and submit this form to report an incident. This form must be completed for all lab exposures, significant spills or other incidents resulting from lab experiments involving hazardous materials. Then submit the completed form as soon as possible (within 3 days) to Dr. Jocelyn Locke, Lab Safety Manager, at** **jlocke@mailbox.sc.edu****. Following an initial review of the report, EHS will conduct an incident investigation, if necessary, and collaborate with the teaching lab coordinator to define appropriate corrective actions to mitigate the risk of similar incidents in the future.**

**The Teaching Lab Coordinators should use a separate internal incident report form to document any incidents that do not involve a hazardous material and that do not occur when conducting lab experiments. These reports do not need to be submitted to EHS and should be maintained on file by the Lab Coordinator. The Lab Coordinator should review these reports to identify root cause(s) and any corrective actions that could be implemented to improve safety or mitigate the risk of future incidents. Some types of incidents may require seeking guidance from Student Health Services or other UofSC departments based on the situation.**

**A near miss is any incident that did not result in personal injury, property damage or environmental release, but given slightly different circumstances could have resulted in a laboratory accident. Completing a simple** [**Near Miss Report Form**](https://sc.edu/about/offices_and_divisions/ehs/research_and_laboratory_safety/incident_and_near_miss_reporting/index.php) **is one important way to document a hazardous situation and any change that is made to prevent it’s recurrence. These reports should be discussed in department teaching lab meetings.**

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| **Section A: General Information**  |
| **Date Report Sent to EHS** | Report Date:       |
| **Reporter Information**  | Name:      Telephone #:      Position:       |
| **Person(s) involved in incident** | Name:      Department:      Telephone #:      Email:      Position:       |
| **Teaching Lab Coordinator/Supervisor** | Name and Telephone #:       |
| **Section B: Incident Information** |
| **Date & Time of Incident:**      **Location of Incident:**       |
| **Description of incident (*provide a narrative and timeline of the incident including the following)*** * *What procedure(s) or activities were being performed at the time of the incident?*
* *Description of any hazardous materials being used or directly involved in the incident*
* *Who was involved in the incident, including others present at the incident location?*
* *Was there an equipment failure, uncontrolled material release or other catastrophic event?*

     **Description of emergency response** * *Describe the emergency procedure implemented during the incident, including a timeline*
* *Immediate actions taken to mitigate injury, property damage and/or environmental consequence*
* *Emergency personnel contacted and their phone numbers (e.g. EHS, ambulance, police, fire)*
* *Emergency personnel who responded to the incident and information provided to them*

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| **Section C: Hazardous Materials, Equipment or Experimental Procedure Information. *If not applicable, proceed to Section D.*** |
| **Nature of the incident *(Check all that apply and describe in the blank space)***🞎 Injury Describe:      🞎 Exposure Describe:      🞎 Property Damage Describe:      🞎 Spill Describe:      🞎 Equipment Failure Describe:       🞎 Improper procedure Describe:       (Attach detailed procedure at the end of this report)🞎 Other Describe:       |
| **Type of hazard involved in the incident *(Check all that apply and list the hazard in the blank space)*** 🞎 Chemical List Hazard:      🞎 Physical List Hazard:      🞎 Biological List Hazard:      🞎 Other List Hazard:       |
| **If incident resulted in personnel injury, illness or exposure to a hazardous material provide the following information:**Description of the personal protective equipment in use at the time of the incident.      Description of injury, illness or exposure, including parts of the body     Description of any medical surveillance provided or recommended after the incident     Description of medical treatment obtained, including: ***Note: Please do not include any confidential medical information.**** First aid, ambulatory, clinic, hospital or other treatment and when administered?
* Who administered treatment and where was treatment provided?

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| **Section D: Corrective Action** |
| **Describe measures taken to mitigate any problems identified. For measures identified but not yet taken, please include a timeline for their implementation.**     **Supervisor’s comments:**      |
| **Other Information** |
| **This laboratory incident report was prepared by:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Lab Personnel Name(s)** |