

**Utah State University
Department of Biology Incident Report
Form**

Date of
Incident

Time of Incident

Name(s) of involved or (A)
injured person responsible
person filing this report.

Other
involved or
injured
person(s)

Classification of
Responsible
Person (A)

Address for
Person (A)

Email for Person (A)

Information of P.I. supervising the persons involved in the incident

Name

Address

Phone

Email

Location of
incident
(building)

Room
Number:

Type of
Incident

Fire

Medical Injury

Radioactive Material Spill

Other

Chemical Spill

Explosion

Biological Agent Spill

Incident
occurred in:

Course #

Room #

Check all entities that were notified of incident

University Police
Environmental Health & Safety Office
911

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

Yes
No

If injury, was the victim transported by emergency personnel?

Yes
No

Did the victim refuse treatment or transport by emergency personnel?

Yes
No

Type of injury (check all applicable)

Thermal Burn
Chemical Burn
Glass Cut, Scrape, or Puncture
Non-Glass Cut, Scrape, or Puncture
Chemical Irritation of Skin
Irritation of Eyes
Inhalation of Fumes
Radioactive Material
Biological Agent
Other

Was victim wearing personal protective equipment? (goggles, etc.; please specify)

Description of Incident

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