



Environmental Health and Safety

Student Accident Report
(To be completed by Student's Instructor immediately following accident)

Accident Incident Exposure (check one)

Report Date/Time (Date form is filled out) _____

Personal Information

Full Name of Injured person (please print):		Student Status <i>Circle One</i>					
		1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year	Grad
<i>Last</i>	<i>First</i>	<i>M.I.</i>					
Birth Date:	Academic Program:					University ID Number:	
Home Address:							
Home Phone:	()	(Campus Phone if different)				Work Phone	()
<u>Student Signature:</u>							
Student's E-Mail Address				Cell Phone:		RIT Address	
				()		(Apt #/Bldg-Rm #):	

Accident Information

Bldg/Rm # Where Accident Occurred	Type of Injury (i.e. cut, sprain, chemical splash)	Body Part Injured : Note symptoms from injury (i.e. burn, respiratory problems)	Injury Date/Time
Statement of how accident occurred, (cause and any tools or chemicals involved)			

Was Medical Care Provided? Yes _____ No _____ If yes, by whom? RIT Ambulance _____ Student Health _____			
Other Ambulance/Emergency response Agency _____ Hospital (include name) _____ Office/lab first aid kit _____ Other _____			
Were MSDS(s) available at time of exposure? Yes _____ No _____			
Type of Engineering Controls used? Lab Hood _____ Exhaust Ventilation _____ NA _____ Other (please note type) _____			
Personal Protective Equipment used? If Yes note the types? (i.e. safety glasses, gloves, lab coat) _____			

Witness and/or Instructor Information

Witness' Name:	Last	First	M.I.	Phone#	E-Mail Address
Instructor's Name	Last	First	M.I.	Phone#	E-Mail Address

Public Safety Report-To Be Completed By EH&S ONLY

Public Safety Report #	Officer That Completed the Report	IH Monitoring Conducted? Yes _____ No _____
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After completion of this form, forward it to RIT Environmental Health and Safety Office; Dept Head; Lab Supervisor and Chemical Hygiene Coordinator for the Dept/College or Building Facility Manager.