



Environmental Health and Safety Student Accident/Incident Report Form

Please complete this form within 24 hours of the event, or by the end of the next business day.
An *accident* is an event that results in an injury or exposure. An *incident* does not result in an injury, it can also be known as a "near miss."

Personal Information

Full Name of student (please print):			
Last Name		First Name	M.I.
Courses Involved:		College where incident occurred:	
Birth Date:	University ID Number:	Student Status (Circle/Highlight One):	
		1st Year 2nd Year 3rd Year 4th Year 5th Year Grad	
Home address OR RIT Housing Address (Apt #/Bldg. # Rm. #):			
Student's E-Mail Address:		Home Phone: () ()	Student Phone: () ()

Event Information

Bldg./Rm # Where Event Occurred	Type of Injury (e.g. cut, sprain, chemical splash)	Body Part Injured (e.g. hand, finger, head, arm, etc.)	Event Date (mm/dd/yyyy)
Bldg. # Rm.#			/ /
Statement of how event occurred, (cause and any tools or chemicals involved. <u>Add concentration/type of chemical, if known</u>).			

Was an office/lab first aid kit used? Yes _____ No _____			
Was additional Medical Care Provided?			
RIT Ambulance _____ Student Health _____ Other Ambulance/Emergency response Agency _____			
Hospital (include name) _____ Other (specify) _____			
Was online Lab Safety Or Studio Safety training taken? Yes _____ No _____			
Were MSDS(s)/SDS(s) available at time of exposure? Yes _____ No _____ N/A _____			
Type of Engineering Controls used? Lab Hood _____ Exhaust Ventilation _____ N/A _____			
Other (please note type) _____			
Personal Protective Equipment used? If Yes note the types (e.g. safety glasses, gloves, lab coat) _____			

Witness and/or Instructor Information

Witness Comments: _____					

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

Student Signature

By signing this form, you (the student) acknowledge that the information above is current and true to the best of your knowledge.	
Student Signature: _____	Date: / /

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

What type of event was this? <input type="checkbox"/> Accident <input type="checkbox"/> Incident (near miss) <input type="checkbox"/> Exposure			
Public Safety Report #:	Officer That Completed the Report:	IH Monitoring Conducted?	
		Yes _____ No _____	

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.