

Accident Report Form

USU Center for Atmospheric and Space Sciences

Date of accident

Time of accident

Location of accident
(building and room no.)

All persons involved in accident
(names and phone nos.)

Person filling out this form
(name and phone no.)

Lab/Shop PI or manager
(name and phone no.)

Type of Accident
(check all that apply)

Physical (object falling, e.g.)

Fire

Electrical

Explosion

Chemical Spill

Biological Agent Spill

Radioactive Material Spill

Other (please specify)

Please provide a detailed description of the accident

Indicate which which entities were contacted in response to accident

911

University Police

EH&S Office

Lab PI/Supervisor

If any injuries were sustained, please respond to the following items for all persons injured:

- (i) Name of person(s)
- (ii) Detailed description of type and extent of injuries
- (iii) Treatment given for injuries (indicating whether self treatment, given by others involved in accident, by bystanders, or by emergency personnel)
- (iv) Indicate whether treatment was declined by injured person(s)