Lab & Field Incident Report Form

In the event of an incident where personnel injury or exposure to hazardous materials, or damage to property takes place, please use the following form to document all important details from each involved party. If extra writing space is required, please use the "additional information" section. Once all information is recorded and signatures are obtained, submit the completed form to EH&S via email to safety@ttu.edu. Notification to EH&S should be done within 24 hours after the incident.

The following section is to be completed by the injured/involved person.

Name:	Age:	Phone #:
R #:	Date of Incident:	Time of Incident:
Status: ○ TTU Affiliated ○ Visitor/Not Affiliated	Department: Building Name: Room Number:	Email Address:

Thoroughly describe what happened (cause, location in room, first aid (if any), property damage, etc.).

Was first aid administered at the time of the incident? ○ Yes ○ No	Was further medical attention offered? ○ Yes ○ No If yes, medical attention was: ○ Accepted ○ Rejected

Signature of the person injured/involved in the incident:_____

The following section is to be completed by the immediate supervisor or teaching assistant.

Supervisor's Title/Role:	Supervisor's Phone#:	Supervisor's Email:

Thoroughly describe what happened (cause, location in room, describe aid provided (if any), property damage, etc.). Is there any way this incident could have been avoided? Consider individual actions/inactions, room layout, and external influences.

Signature of the Supervisor/Teaching Assistant:_____

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The following section is to be completed by the area supervisor or principal investigator.

Thoroughly describe personal account including reported information, observations, and responding actions.

Incident reported to the Office of Risk Management? ○Yes ○No
If no, please visit this link to submit an incident report to the Office of Risk Management after completing this form: https://www.texastech.edu/offices/risk-management/

Signature of the Area Supervisor or PI:_____

Safety Coordinator/DSO Signature:_____

Department Chair (per departmental policy): _____

The following section is to be used for additional information or witness accounts (optional).