

**OSU-CHS Research
Report of Laboratory Safety Incident**

Principal Investigator: _____ Department: _____

Location of Incident: _____ Date of Incident: _____ Time: _____

Employee(s) knowledgeable of the incident (name(s) and phone number(s): _____

Description of incident: _____

Was medical attention sought? ☐ No ☐ Yes, where: _____

- If YES, complete [employee injury report](#); fax to OSU Safety Office 918-561-1261; copy to Laboratory Safety Coordinator fax 918-561-1416.

Was the department chair (or equivalent) notified? ☐ No ☐ Yes

- If YES, when: _____

Was the Laboratory Safety Coordinator notified? ☐ No ☐ Yes

- If YES, when: _____

Was CHS Security notified? ☐ No ☐ Yes

- If YES, when: _____

Describe the actions of all primary personnel involved, i.e. employee, departmental, medical, laboratory safety coordinator.

Additional corrective measures taken or to be taken.

Describe policy or security failures contributing to the incident.

Signature of Principal Investigator

Printed Name:

Signature of Department Chair (or equivalent)

Printed Name:

Major incidents must be reported to the Laboratory Safety Coordinator (LSC) (561-1403) immediately. All other incidents must be reported to the LSC, at a minimum, within 48 hours. A copy of this incident report must be submitted to the **LSC office, B143H** within 1 week of the incident.