

# HOFSTRA UNIVERSITY

## LABORATORY INCIDENT REPORT

(i.e., injury, illness, hazardous substance exposure, spill, fire)

Your Name: (First Last) \_\_\_\_\_

Cell Phone or Extension \_\_\_\_\_

Department \_\_\_\_\_

Location of Incident: Building & Room# \_\_\_\_\_

Time AM PM \_\_\_\_\_

Name of Principle Investigator (P.I.) \_\_\_\_\_

Department \_\_\_\_\_

Affected Individual & H# (If applicable) \_\_\_\_\_

Student Employee Visitor \_\_\_\_\_

Details of the Incident (nature of incident, e.g. type of illness, accident, or injury, circumstances of injury/who was involved. Indicate any relevant substances with names and amount.) If needed, provide attachments (e.g. SDS Sheets, Laboratory SOPs):

What actions were taken (what was done to protect individuals & mitigate situation. Indicate if Public Safety responded, what time they were notified and the time they responded. If transported to the hospital and how; if necessary, was area was isolated for safety and security)?

What can be done to prevent recurrences?

Investigated By (PI/Lab Supervisor)

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Complete within 24 hours of the incident and send to [EHS@hofstra.edu](mailto:EHS@hofstra.edu) (Public Safety, Fire & Life Safety Officer, Environmental Health & Safety Officer).