

**Accident/Incident Report Sheet**  
**School of Materials Science & Engineering**  
**Georgia Institute of Technology**

Date of report:

Date of accident/incident/near miss:

Time of event:

Location of event:

Name of person(s) involved:

Names of any witnesses:

Description of accident/incident/near miss:

Names of those injured and extent of any injuries:

Treatment (if any):

Describe damage to equipment:

Describe damage to facilities/laboratory:

Suggestions to prevent a repeat occurrence:

Answer the following questions:

- |   |            |           |
|---|------------|-----------|
| - The equipment I was using was properly labeled                  | <i>YES</i> | <i>NO</i> |
| - The chemicals I was working with were properly labeled          | <i>YES</i> | <i>NO</i> |
| - I was aware of the proper way to handle the equipment/materials | <i>YES</i> | <i>NO</i> |

Name & Signature of reporting Individual: \_\_\_\_\_

Signature of supervisor: \_\_\_\_\_

**Send copies to:**

1. Chair, School of Materials Science & Engineering
2. Coordinator, MSE Safety Committee
3. MSE Facilities Manager