Appendix E. Non-Injury Incident Reporting Form

Campus: ______  Room: _______  Time/Date: __________

I. Type of problem (to be filled out by person reporting the problem)

_____ equipment failure          _____ missing equipment/supplies
_____ lack of cleanliness        _____ electrical hazard
_____ unknown/unlabeled chemicals _____ water leak/hazard
_____ spill                      _____ ventilation hazard
_____ security problem          _____ facilities failure

II. Nature of problem (to be filled out by person reporting the problem)

Please describe the problem and its location.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Name: ____________________________________  Date: _____________
Telephone: _________________  E-mail: ________________________

III. Problem Resolution (to be filled out by person(s) resolving the problem)

Please indicate who addressed the problem and how it was handled. Indicate what follow-up measures were taken, if applicable.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Name: _________________________________  Date: _________

fax to: Debbie Sackett (for Chemistry) at 223-2046 or Sarah Strong (for Biology) at 223-6769 or Bob Blodgett (for Physical Sciences) at 223-4641.