NJIT New Jersey Institute of Technology

Environmental Health and Safety

Incident Report Form

A. Incident Data (Information Concerning Affected Person)			
Name:		Building/Location:	
Supervisor:		Room #:	
Date Reported:	Time:	Date of Incident:	Time:
Title			
☐ Under Graduate Student		☐ Faculty	
☐ Graduate Student		☐ Staff	
☐ Postdoctoral Fellow		☐ Contractor	
☐ Visitor/Guest		☐ Other:	
Contact Information (Phone, E-Mail, etc.)			
Faculty/Supervisor:			
Group Member(s):			
Response Team:			

B. Nature of Incident	
☐ Personal Injury	☐ Chemical Spill or Splash
☐ Property Damage	☐ Biological Spill or Splash

C. Cause of Incident					
☐	Fire	☐	Needlestick	☐	Equipment Failure
☐	Explosion	☐	Trip, Slip, or Fall	☐	Improper Equipment Use
☐	Other (Describe)				

D. Description of Incident
1. Describe exactly what happened. *(Causative factors, hazard type, type of injury or property damage)*

E. Personal Protective Equipment, Engineering Controls, Standard Operating Procedure
1. What PPE was worn at the time of the incident, and was it appropriate?
2. What Engineering Controls were in use at the time of the incident, and were they appropriate?
3. Were workers following written SOP for the safe use of hazardous materials, processes and/or equipment at the time of the incident?

F. Corrective and Preventative Action
(If spill clean-up, please describe the methods used to abate spill and any environmental or regulatory reporting implications)

Immediate Actions Taken at Time of Incident

(Describe)

Corrective Actions	Responsible Party	Target Date	Completion Date

G. Emergency Medical Services and Medical Follow Up

Was EMS contacted at the time of the incident?	☐ Yes	☐ NO	Date:	Time:

Was there any medical treatment/surveillance immediately following the incident?	☐ Yes	☐ NO

(Describe)

Was the affected person admitted to a hospital?	☐ Yes	☐ NO

H. Any Additional Information

(Please describe below any additional information not covered in this form)

Form Completed by:	Date:	Time: