

**ACCIDENT REPORT FORM  
UNDERGRADUATE TEACHING LABS  
DEPARTMENT OF CHEMISTRY  
UNIVERSITY OF PITTSBURGH**

**Note:** Copies of this form must be given to Josh Jones (room 201) and the Laboratory Coordinator **immediately** after laboratory ends. If this occurred during a night lab then copies must be turned in the next morning. If the undergraduate stockroom is unable to hold this form please turn it into the 234 Chemistry office during normal business hours.

**Date and Time:** \_\_\_\_\_

**Laboratory Information**

- Room number
- Course Name (General Chemistry Lab I, etc)
- Meeting Day (M-F) and time block (AM, PM; EV)

**Laboratory Instructor Information**

- Instructor Name:
- Instructor Contact information (email and phone)
- Research Advisor

**Student Information**

- Student Name
- Student Contact information (email and phone)
- Emergency Contact information (relationship, phone)

**Accident Description:** (at the beginning of lab, right index finger, 1 centimeter scrap provide specific details)

**Response Description:**

**Injury Description (if applicable):**

**What action has been or will be taken to correct the hazardous acts or condition causing the incident?**

**Student Signature:**

**Laboratory Instructor Signature:**