

Laboratory Accident Incident Report Record Form

This **laboratory accident incident report** record form sample is designed to document and analyze safety incidents effectively. It ensures accurate data collection for risk assessment and preventive measures. Utilizing this form enhances the overall safety management within laboratory environments.

1. Basic Information

Date of Incident	<input type="text"/>
Time of Incident	<input type="text"/>
Location (Lab Name/Number)	<input type="text"/>
Name(s) of Injured Person(s)	<input type="text"/>
Position/Role	<input type="text"/>

2. Incident Details

Description of Incident	<input type="text"/>
Type of Incident	<div>-- Select --</div>
Immediate Action Taken	<input type="text"/>

3. Witness Information

Name(s) of Witness(es)	<input type="text"/>
Contact Information	<input type="text"/>

4. Analysis & Prevention

Cause of Incident (if known)	<input type="text"/>
Corrective and Preventive Measures	<input type="text"/>

5. Reporting

Reported By	<input type="text"/>
Date of Report	<input type="text"/>
Supervisor/Manager Signature	<input type="text"/>

Submit Report