**Non-Injury Incident Reporting Form**

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| **Incident Report Information** |
| [ ]  Non-Injury [ ] Near-Miss [ ] Warning**Name**:  |
| **Incident Date:** |
| **Incident Location**:  |
| **Incident Reported by**:  |
| **Report Date:**  |

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| **Incident Description** |
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| **Hazardous Chemical Involved:**  [ ] Yes [ ] No |
| **Chemical Name:**  |
| **CAS #:** |
| **Hazard:**   |
| **Incident Outcome** |
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| **Contributing Factors**  |
| [ ]  Improper Equipment Use [ ]  Equipment Malfunction/Failure[ ]  Equipment Design or Layout [ ]  Unsafe Conditions [ ]  Insufficient Training [ ]  Other |
| **Explain contributing factors in detail below:** |

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| **Incident Prevention** |
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| **Preventative Exposure Control** Select the controls used at the time of the incident |
| **Engineering Controls** | Yes | No |
| Fume Hood  |[ ] [ ]
| Glove Box |[ ] [ ]
| Other Ventilation  |[ ] [ ]
| **Administrative Controls** | Yes | No |
| Signage |[ ] [ ]
| Warning Labels |[ ] [ ]
| Other |[ ] [ ]
| **Personal Protective Equipment** | Yes | No |
| Safety Glasses / Goggles Required |[ ] [ ]
| Lab Coats Required |[ ] [ ]
| Gloves Required (what type) |[ ] [ ]
| Respirator Protection Required **(Must be approved by EHS)** | Yes | No |
| Other |[ ] [ ]
| **Disposal of Hazardous Waste** |
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| **Additional Information** |
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**Submitted by**

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**EHS Review**

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