**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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