California University of PA
Chemistry and Physics
Department
Accident Report Form

Date of Incident: __________________________  Time of Incident: __________

Name (of Injured): __________________________  University ID# (optional): __________________________

Address: __________________________  Phone: __________________________

City & State: __________________________  Age: ______ Sex: ______

Position (Check One): Undergraduate:____  Faculty:____  Staff:____  Visitor:____
Other: __________________________________________

Location of Incident: Building ____________  Room Number: ____________

Type of Incident: Fire:____  Chemical Spill:____  Medical Injury:____  Other:____

Incident Occurred During: Lab Course: (Course Number and experiment#): __________________________
Research:____  Other: __________________________

Was the University Police called or was 911 called? ____No____  (if yes, circle which was called)
If injury, was the victim given treatment by emergency personnel? ______________________________________
If injury, was the victim transported by emergency personnel? ______________________________________
Did the victim refuse treatment or transport by emergency personnel? ______________________________________

Type of Injury (check all that apply):
Thermal Burn____  Chemical Burn____  Glass Cut, Scrape/Puncture____
Non-Glass Cut, Scrape/Puncture____  Chemical Irritation of Skin____
Inhalation of Fumes____  Irritation of Eyes____
Other: __________________________________________

Was the victim wearing personal protective equipment? (goggles, etc., specify)
________________________________________

THE UNDERGRADUATE STUDENT HAS THE RIGHT TO REFUSE MEDICAL TREATMENT AND/OR
EMERGENCY TRANSPORT. MEDICAL TREATMENT CAN BE SUGGESTED BUT NOT ENCOURAGED.
THE CHEMISTRY DEPARTMENT CANNOT BE HELD RESPONSIBLE, FINANCIALLY OR OTHERWISE,
FOR MEDICAL TREATMENT INCURRED BY THE STUDENT.

Injured Signature: __________________________  Lab Supervisor Signature: __________________________
Date: ______________  Date: ______________

Name and Phone of Witness if available: __________________________

________________________________________
Description of Incident: