

**New York University
Department of Chemistry**

ACCIDENT REPORT FORM

Note: **ALL** accidents must be reported promptly by filling this form out completely and submitting it to the Director of Laboratories.

Name of injured person: _____ ID #: _____

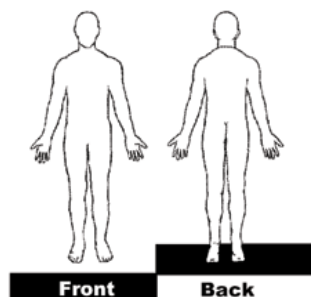
Faculty Staff Undergraduate Graduate

Date of Accident: _____ Time: _____ Location: _____

Chemicals involved in accident:

Apparatus involved in accident:

Description of circumstances (be as detailed and complete as possible):



Mark part of body injured on diagram above

Was further action required (i.e. what measures were taken to aid student, was person directed to Health Center, was Protection Services involved, was 911 called, etc.)?

In the case of a teaching lab, what safety instructions were given to student prior to accident?

What measures have been taken to prevent any recurrence of such an accident?

Name of person submitting this form: _____ Signature: _____

Date of submission: _____

Print, sign, and return this form to the Director of Laboratories in room 1001I.