

**CBCS FACULTY AND STAFF - INCIDENT REPORT FORM FOR  
Laboratory/Studio and Field Incidents:**

**Instructions:**

- This form is to be completed by the Lab Manager/Teaching Assistant/Instructor for all incidents that occur in USF teaching or research labs or for USF related Field Research.
- If the incident resulted in Injury, the appropriate paperwork for Worker's Compensation must also be completed.
- This form should be submitted to the Facilities Manager within 24 hours of the incident so that it can be forwarded to Environmental Health and Safety for review.

University of South Florida  
Laboratory/Studio and Field Incident Report

---

This report is to be completed by the Lab Manager/Teaching Assistant/Instructor for any incident that occurs in any University of South Florida affiliated teaching or research laboratory/studio or field research project. An incident means any unplanned event within the scope of a procedure that causes, or has the potential to cause, an injury or illness and/or damage to equipment, buildings, or the natural environment. All incidents need to be reported whether they are near misses, serious injuries, or emergencies such as fires and chemical spills. A near miss is an event or situation that could have resulted in an accident, injury or illness, but did not, either by chance or through timely intervention. The completed form must be submitted to Environmental Health & Safety within 24 hours of the incident. These reports will provide the University Laboratory & Field Safety Committee and Environmental Health and Safety (EH&S) with information needed to evaluate laboratory procedures and help prevent reoccurrences of similar incidents. As part of this report, EH&S will complete an incident investigation.

**Due to medical privacy concerns, no personal identifying information of the person involved in the incident shall be entered or submitted with the form.**

All work-related injuries and illnesses must also be reported to Worker's Compensation. If an injury or illness is work-related, please contact Worker's Compensation at (813)-974-5775 or proceed to the Worker's Compensation website, <http://usfweb2.usf.edu/hr/workerscomp/> for more information on the appropriate reporting procedures.

# University of South Florida Laboratory/Studio and Field Incident Report

---

Completed form must be submitted within 24 hours to EH&S; address CRS 104; phone (813)974-4036; fax (813)974-9346; or e-mail to [aturnbull@admin.usf.edu](mailto:aturnbull@admin.usf.edu).

Due to medical privacy concerns, no personal identifying information of the person involved in the incident shall be entered or submitted with the form

Select one: Teaching Lab/Studio  Research Lab  Field Activity  Other  : \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Preparer's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Department/Division: \_\_\_\_\_ College: \_\_\_\_\_

---

### **(1) Incident Description**

Describe the circumstances of the incident.

---

### **(2) Injury/Illness/Damage to Equipment, Building, Environment**

Describe the extent of injuries and/or damage. Exactly where on the body did the injury occur?

---

### **(3) Actions Taken: Response/Treatment/Cleanup**

Describe the nature of the emergency action taken.

b. Did the person seek medical treatment? Yes or no, explain.

c. Were emergency personnel contacted? Yes or No \_\_\_\_\_

(Select one or more choices) EH&S  Fire  Hazmat  Police  Medical

---

### **(4) Corrective Action Taken**

a. By Preparer.

b. By EH&S.

\_\_\_\_\_  
Date Reviewed by EH&S

\_\_\_\_\_  
Name of Reviewer