

**UNIVERSITI KUALA LUMPUR
INSTITUTE OF MEDICAL SCIENCE TECHNOLOGY
LABORATORY SAFETY
INCIDENT/INJURY REPORT**

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NAME: _____

AGE: _____ **SEX:** M F **POSITION (staff/student):** _____

DATE/TIME OF ACCIDENT/INJURY: _____

LOCATION OF ACCIDENT: (building, room, specific area in room)

LIST SPECIFIC CHEMICALS, AGENTS, EQUIPMENT, ETC. INVOLVED IN THE INCIDENT:

DESCRIBE INJURY/INCIDENT: (give complete details including specific information/procedures regarding chemicals, equipment, Personal Protective Equipment (PPE) worn at the time of the incident, etc.—attach additional sheets if necessary.

CAUSE OF ACCIDENT/INJURY:

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PERSONS INVOLVED or AFFECTED (injured, exposed to harmful materials, etc):

Name	Phone No	PPE Worn at Time of Accident

DID ANYONE RECEIVE MEDICAL TREATMENT/EXAMINATION: (if so, give name(s) and details of when/what type of treatment):

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ACTION TAKEN BY LAB/BUILDING PERSONNEL: (i.e., spill clean up (describe time frame, materials used, PPE used, etc.), first aid, emergency drenching for body/eye contact):—attach additional sheets if necessary.

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WAS THE LAB EVACUATED? Y N IF YES, HOW LONG? _____

WAS THE BUILDING EVACUATED? Y N IF YES, HOW LONG? _____

**DID ANYONE RE-ENTER THE EVACUATED AREA BEFORE AUTHORIZED
(by fire department personnel or Safety Personnel)?
IF SO, LIST NAME(S) AND GIVE DETAILS**

CORRECTIVE ACTION TAKEN OR RECOMMENDED:

SIGNATURE OF PERSON REPORTING ACCIDENT:

NAME:
DATE:

SIGNATURE OF SAFETY PERSONNEL:

NAME:
DATE:

SIGNATURE OF HEAD OF OSH COMMITTEE:

NAME:
DATE:

**A copy of this report must be sent to OSH Committee Secretariat; Mohamed Zul
Fadhli Khairuddin (mzulfadhli@unikl.edu.my).
A copy of this report must also be retained in departmental files.**

