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|  | | | | |  | | | | | | James Madison University  Laboratory Incident Report | | | | | | | | |  | | |  |
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| Incident Type – injury, fire, near miss, etc. | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Name of person involved - print: | | | | | | | | | | | | |  | | | | | | Sign: | | |  | |
| Address | | room, apartment : | | | | | | | | | |  | | | | | | | | | | | |
|  | | building, street | | | | | | | | | |  | | | | | | | | | | | |
| Telephone: | |  | | | | | | | | Cell: | | |  | | | | | E-mail: | | |  | | |
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| Name of person reporting - print: | | | | | | | | | | | | |  | | | | | | Sign: | | |  | |
| Telephone: | |  | | | | | | | | Cell: | | |  | | | | | E-mail: | | |  | | |
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| Name of witnesses - print: | | | | | | | | | |  | | | | | | | | | Sign: | | |  | |
| Telephone: | |  | | | | | | | | Cell: | | |  | | | | | E-mail: | | |  | | |
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| Name of witnesses - print: | | | | | | | | | |  | | | | | | | | | Sign: | | |  | |
| Telephone: | |  | | | | | | | | Cell: | | |  | | | | | E-mail: | | |  | | |
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| Incident | | | | | | | | | | | | | | | | | | | | | | | |
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| Description of Incident: | | | | | | | | |  | | | | | | | | | | | | | | |
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| Corrective Actions Taken: | | | | | | | |  | | | | | | | | | | | | | | | |
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| Additional Corrective Actions Planned: | | | | | | | | | | | | |  | | | | | | | | | | |
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| **Forward copy to:** | | **Biology Safety Officer Robert Walters Bioscience 3028H email walterrl@jmu.edu** | | | | | | | | | | | | | | | | | | | | | |