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