

Accident Report

Chemistry Department, University of Virginia

Report all accidents as soon as the immediate problem has been addressed. Report any significant chemical spill, physical injury, or fire using the form and forward it to the Chairperson of the Chemistry Department as well as the Chairperson of the Safety Committee.

Date _____ Date and Time of Accident _____

Location of the Accident _____

Laboratory Supervisor _____

Your Name _____

Describe the Accident

Describe any injury and body part(s) affected:

Describe what you did in response to the accident.

Names of anyone injured and contact information.

Names and contact information for witnesses to the accident.

If the accident involved any chemicals, fires, or spills, notify the Office of Environmental Health and Safety (982-4911) and indicate the person notified.

OEHS Person Notified _____

What was the cause of the accident?

What corrective measures and precautions are you taking to minimize the probability of recurrence of this accident?

In case of significant personal injury, please fill out the state Workers Compensation form beginning on page 40 of the safety manual. Your supervisor should contact Linda Coiner, the Workers Compensation Benefits Coordinator in HR. Her number is 4-8939 and her email is lgc3u. Linda will gather the appropriate info to send to the insurance carrier. Additional information is available at

<http://ehs.virginia.edu/ehs/ehs.es/es.workcomp.html> and

<http://www.hr.virginia.edu/hr-for-you/classified-staff/class-benefits/workers-compensation/>