

ACCIDENT/INCIDENT REPORT
SCHOOL OF CHEMICAL & BIOMOLECULAR ENGINEERING
GEORGIA INSTITUTE OF TECHNOLOGY

Date of Report:

Date and time of accident/incident:

Location of accident/incident:

Name of accident victim (if any):

Names of others involved/nearby if (any):

Person 1:

Person 2:

Person 3:

Description of accident/incident (use additional sheet if needed):

Extent of accident/incident:

Describe damage to equipment:

Suggestions/actions taken to prevent a repeat accident:

Treatment undertaken (if any):

Signature of accident victim:

Signature of Research Supervisor/Advisor:

Send copies to:

1. Chair, ChBE Safety Committee (rachel.chen@chbe.gatech.edu)
2. Chair, School of ChBE (david.sholl@chbe.gatech.edu)