

PERSONAL INCIDENT/ ACCIDENT REPORT

Type of Incident (circle one): **BBP Spill** **BBP Exposure** **Chemical Spill** **Chemical Exposure** **Other**

Date Reported: _____ Date of Incident: _____ Time of Incident: _____

Employee's Name: _____ Job Title: _____ Date of Birth: _____

SS#: _____

Telephone (Business): _____ (Home): _____

Describe the incident/ Accident. Include site/location of incident:

Were you exposed to any hazardous substance? _____ If yes, explain in detail including route of exposure

Describe the job duties you were performing when the incident occurred:

Were you wearing the appropriate PPE? _____

Did the PPE fail to protect you? _____ If yes explain in detail.

Describe emergency methods utilized for first aid (if applicable).

Describe what decontamination procedures were used (if applicable):

ACKNOWLEDGMENT

I certify that the information contained in this report is accurate and that I will adhere to all corrective actions implemented as a result of this incident.

Employee Name: _____ Employee Signature: _____
 Title: _____ Date: _____ Time: _____

I certify that I have reviewed the information contained in this report and will take the necessary steps to ensure the identification and correction of procedural deficiencies.

MUFSC Director: _____ MUFSC Director Signature: _____ Date: _____ Time: _____

REPORT FORM RETENTION INFORMATION

Original Form Filed in MUFSC Safety Cabinet Copies sent to MURC MU Safety Office

Date Filed: _____ Filed by: _____

Attachments? Yes, see following sheets. No.

