

Laser Incident Report

Use this form to describe an injury incident or a non-injury incident (near miss). Send a copy of this report to hmclary@american.edu within three (3) working days following the incident and keep a copy for your records.

Name(s) of person(s) involved:		
Supervisor name(s):		
Department:		
Location of incident:		
Date and time of incident:		
Detailed description of incident and the response (attach additional pages if needed):		
Reported to LLSO?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eye exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skin exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical treatment sought?	<input type="checkbox"/> Yes	<input type="checkbox"/> No