



THE UNIVERSITY OF
NEW SOUTH WALES

Safety Incident Report Form

Laboratory: _____

Please complete this form for all accidents that occurred during research/experiments conducted in the School of Electrical Engineering and Telecommunications at the University of New South Wales.

Student Name: _____ Student ID: _____ Demonstrator: _____

Experiment Title: _____ Date/Time: _____

Description of Experiment: _____

I wish to report

- an accident
- a near-accident
- a dangerous situation

Q1. List the hazards/risks involved in this experiment.

Q2. Describe the circumstances leading to the accident.

Q3. What are the precautions taken?

I declare that the information submitted in this form is correct and complete.

Signature of Student: _____

Date: _____