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: