

Report of Possible Chemical Overexposure

Date of incident _____ Time of Incident _____

Name _____ Phone _____ E-Mail _____

Department _____ Supervisor/PI _____

Substances in use _____ CAS# _____

MSDS attached to this report yes no not available

Duration of exposure _____

Estimated amount of chemical involved _____

Control measures used at time of incident: Fume Hood Protective Clothing _____

Eye Protection _____ Face Shield Gloves _____ Respirator _____

Location and Description of incident _____

Witnesses _____

Location of injuries or sites of contact, e.g., skin, eyes: _____

Signs and symptoms developed, if any _____

First aid administered _____

Elapsed time for signs and symptoms to develop _____

Medical consultation sought? yes no

Are signs and symptoms indicated on MSDS? yes no

For EHS Only

Exposure monitoring data available _____

Conclusions of investigation _____

Name of Supervisor

Signature

Date

Chemical Hygiene Officer

Signature

Date

Copy sent to EHS