

LASER INCIDENT REPORT FORM

Note: Send two (2) copies of this form: One (1) signed copy to the LSO and one (1) signed copy of the form to the RMS, Insurance Administrator. If incident involved injury or property damage fill in and send an Incident Form (<http://rms.unlv.edu/insurance/insurance.php>) to RMS, Insurance Administrator. Keep one copy of each form for your files.

Reported By: _____ Date: _____
Department: _____ Office: _____
Phone Number: _____ E-mail: _____

INCIDENT INFORMATION:

Date of Incident: _____ Time of Incident: _____
Location of Incident: _____
Laser System of Incident: _____
(Make, Model, Serial Number, Type, Wavelength, Power, Class)

Has this incident been reported to the Department Head? Yes No
Has this incident been reported to the Laser Safety Officer? Yes No
Did this incident involve eye exposure? Yes No
Did this incident involve skin exposure? Yes No
Was medical treatment sought for an injury? Yes No
How long after the incident? _____

INCIDENT DESCRIPTION and action taken (add typed narrative on an attached page if necessary):

Has this incident occurred before in connection with this research? Yes No
If yes, explain below.

Do you or your workers have any unanswered questions concerning any health effect originating from the incident? Yes No

If this work is supported by a research grant provide: grant title, funding agency, and RLU.

Signature: _____ Date: _____
Signature of LSO: _____ Date: _____