

	LABORATORY INCIDENT REPORT FORM	Document No. : FM-LM-45-05
		Effective Date: September 16, 2024

Please check the appropriate box:

- | | | |
|--|---|--|
| ☐ Accident | ☐ Damaged Property | ☐ Rules and Policy Violator |
| ☐ Lost and Found Property | ☐ Fire / Safety / Health Hazards | ☐ Others: Please specify. |
| ☐ Injury / Sickness | ☐ Vandalism | |

Academic Year: _____
Date of Incident: _____
Time of Incident: _____
Location of Incident: _____

Detailed Description of Incident: (Please include names of person/s involved and attach evidences.)

Action/s Taken / Recommendation/s: (Please enumerate.)

1. _____
2. _____
3. _____
4. _____
5. _____

Prepared by/ Date:

Laboratory Technician's Signature over Printed Name

Confirmed by/ Date:

Faculty member's Signature over Printed Name

Noted by/ Date:

ILMO Director's Signature over Printed Name