

University of Tennessee Space Institute

LASER INCIDENT REPORT

Send two (2) copies of this form: one (1) signed copy of the consent form to the UTSI Safety & Health Officer and one (1) signed copy to the Laser Safety Officer. Keep one copy of this form for your files. **MUST BE TYPED.**

Investigator's Name	Department
Address	Phone
E-Mail	Current Date

If this work is supported by a research grant, provide grant title, funding agency, and principal investigator(s).

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Has this incident been reported to the supervisor (PI)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has this incident been reported to the Laser Safety Officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has this incident been reported to the CLA Director?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did this incident involve eye exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did this incident involve skin exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was medical treatment sought for an injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How long after the incident?		

Do you or your workers have any unanswered questions concerning any health effect originating from the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has this incident occurred before in connection with this study?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain below.		

Date of Incident:	
Location of Incident:	
Time of Incident:	
Identification of laser involved - wavelength(s) and power:	

Description of laser incident and action taken (add typed narrative on an attached page if necessary):

Signature of Investigator _____	Date _____
Signature of LSO _____	Date _____