Incident Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Principle Investigator | | | | | | | | | | Department | | | | Phone |
|  | | | | | | | | | |  | | | |  |
| Location of incident, including building and room#. | | | | | | | | | | | | | | Time & Date of Incident |
|  | | | | | | | | | | | | | |  |
| Description of laser involved. | | | | | | | | | | | | | | |
| Make | | | Model | | | | | | Maximum Power (W) | | | | Type (HeNe, Ar, Sapphire, etc) | |
|  | | |  | | | | | |  | | | |  | |
| Mark the laser class that was involved. | | | | | | | | | | | | | Power output at time of incident (W). | |
|  | Class I |  | | | Class II |  | Class IIIa | | | |  | Class IV |  | |
| Mark the wavelength of the laser. | | | | | | | | | | | | | Laser Maximum Permissible Exposure (MPE) | |
|  | UV  (<0.4μm) |  | | | Visible  (.4-.71 μm) |  | Near IR  (>0.71-1.4 μm) | | | |  | Far IR  (> 1.4 μm) |  | |
| Person(s) Involved in Incident. Attach additional pages if necessary. | | | | | | | | | | | | | | |
| Name | | | | Phone | | | | Email Address | | | | | | Estimated level of exposure received. |
|  | | | |  | | | |  | | | | | |  |
|  | | | |  | | | |  | | | | | |  |
| TCU affiliation at time of incident: Check all that apply | | | | | | | | | | | | | | |
| Faculty  Staff  Grad Student  Undergrad  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| Was the individual injured? | | | | | | | | | | | | | | |
| Yes  No If Yes, where? | | | | | | | | | | | | | | |
| Extent of Injury  Was the individual trained in operation and safe laser use (safety skills)?  Yes  No | | | | | | | | | | | | | | |
| Did the individual receive medical treatment? | | | | | | | | | | | | | | |
| Yes  No if yes then where? If no then why not? | | | | | | | | | | | | | | |
| Protective Equipment | | | | | | | | | | | | | | |
| Was the individual wearing protective eyewear?  Yes  No  Was the individual wearing gloves?  Yes  No  Was the individual wearing a lab coat?  Yes  No  Was the individual wearing other protective equipment?  Yes  No | | | | | | | | | | | | | | |
| Details of Incident | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Corrective steps taken or planned to be taken to prevent recurrence? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |

Acknowledgement and Agreement

**Send this completed form to The Office of Research at** [**Research@tcu.edu**](mailto:Research@tcu.edu) **&aslrisl@tcu.edu. (817) 257-5070.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Person Filing Report (Print Name)** |  | **Signature** |  | **Date** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Office Use Only**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | **Reviewed by Laser Safety Officer**  **(Print Name)** |  | **Signature** |  | **Date** | |