

**Accident / Incident Report Form**  
Purdue University Department of Chemistry

Name of Injured	Purdue ID Number	Age
Date of Injury	Time injury occurred	
Course number	Lab room / location	
Description of injury (location and extent of injury):		
First aid administered by:		
Exposure to blood <input type="checkbox"/> Yes <input type="checkbox"/> No (Please identify everyone exposed to blood) <i>All staff exposed to blood must see their supervisor immediately for additional instruction.</i>		
Describe first aid administered:		
Injured sent to Purdue Student Health Center or other medical facility <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by <input type="checkbox"/> ambulance or <input type="checkbox"/> Purdue Police		
Reason(s) why injury occurred:		
Signature of Teaching Assistant/Staff Member		Signature of Supervisor

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I, the undersigned, am aware that I have been injured. Chemistry Department personnel have advised me to seek medical attention and are willing to arrange proper transportation to a medical facility. I have declined medical assistance for my injuries. I hereby assume all risks connected with my declining medical assistance, and hereby release and discharge Purdue University and any of its employees from any liability or responsibility whatsoever as a result of my decision.

Signature: \_\_\_\_\_ Witnessed by: \_\_\_\_\_

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