**Laser Incident Report**

Send one copy to the Office of Risk Management ([riskmanagement@smu.edu)](mailto:riskmanagement@smu.edu)). Keep one copy of this form for your files.

Name of Exposed Person:

Supervisor Name:       Department:      Building:

Lab Room Number:      Laser Permit No:

Date the incident took place:       Time the incident took place

Description of Laser Incident (Add a typed narrative on attached page if necessary):

Has the incident been reported to the Lab Supervisor? Yes No

Has the incident been reported to the Laboratory LSO?  Yes  No

Did this incident involve eye exposure?  Yes  No

Did this incident involve skin exposure?  Yes No

Was medical treatment sought for the injury?  Yes  No How long after:

Has the incident occurred before in connection with this laser?  Yes  No

Submitted by:       Date: