**Laser Incident Report**

Send one copy to the Office of Risk Management (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: