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| *This Laboratory Accident-Incident Report (LAIR) must be e-completed, e-signed, and e-submitted to USEK Laboratories.* | |
| *LAIR Reference:* | *Date and Hour of Accident/Incident:* |
| *Subject:* | |
| *Location of Accident/Incident: (Room-Building-Floor)* | *Lab Course Code: (if any)* |
| Lab Personnel Name involved in the accident: | Position: 🗆 Student  🗆 Instructor  🗆 Labs Staff |
| ID: | Email/Phone Number: |
| School / Faculty Affiliation: | Department: |
| Instructor or Supervisor (s) Name (s) (if any): | |

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| *Data Gathering Report* |
| Accident/Incident Description: *(Attach photos if any)* |
| Staff Member Reporting the Accident/Incident: *(Person or witness who first reported the accident/incident)* |
| Campus Services Contacted/Responded: *(Specify the responsive offices)* |
| Accident/Incident Root Cause: *(Attach reference or photos if any)* |
| Accident/Incident Impact: *(Mandatory)* |
| Accident/Incident Change/Solution/Suggestion/ or Corrective Measures: *(Mandatory/attach reference or photos if any)* |

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| **LAIR Initiated by the Lab Personnel**  *(e-signature is allowed/required)* | *Name & Signature:* | Date: |
| **Assessed by the Laboratories Area Coordinator**  *(e-signature is allowed/required)* | *Name & Signature:*  *Remark: (if any)* | Date: |
| **Endorsed by the Laboratories Operational Manager**  *(e-signature is allowed/required)* | *Check Mark, Name & Signature:*  🞎 Yes  🞎 No  *Remark: (if any)* | Date: |
|  | | |
| **Approved by the Laboratories Director**  *(e-signature is allowed/required)* | *Check Mark, Name & Signature:*  🞎 Yes  🞎 No | Date: |