AKADEMIA
EKONOMICZNO-HUMANISTYCZNA
W WARSZAWIE

School of Humanities and Fine Arts
Laboratory of Phonetics and Oral Interpretation

INCIDENT REPORT FORM

FOR THE LABORATORY OF PHONETICS AND ORAL INTERPRETATION

Approved by:
Dean of the School of Humanities and Fine Arts
Dr. Adam Świątek

Date:
December 01, 2024

Location:

Room 205, Okopowa Street 59, Warsaw, Poland

Issued by:
The Head of the Laboratory of Phonetics and Oral Interpretation
School of Humanities and Fine Arts
University of Economics and Human Sciences in Warsaw

WARSAW – 2024

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INSTRUCTIONS

This form must be completed to report any accidents, injuries, equipment malfunctions, or safety concerns in the laboratory. It is essential to provide accurate and detailed information is essential for follow-up actions. Submit the completed form to **the Head of the Laboratory within 24 hours of the incident**.

SECTION 1: GENERAL INFORMATION

1.1 Reported By:

- Name: _____
- Position: _____ (e.g., student, faculty, technician)
- Contact Information:
  - Email: _____
  - Phone: _____

1.2 Incident Date and Time:

- Date: _____
- Time: _____

1.3 Location:

- Laboratory Room Number: **205**
- Specific Area (e.g., workstation, equipment storage): _____

SECTION 2: INCIDENT DETAILS

2.1 Incident Type (Check all that apply):

☐ Injury

☐ Equipment Malfunction

☐ Safety Hazard

☐ Other: _____

2.2 Description of Incident:

(Provide a detailed account of what happened, including the sequence of events and any contributing factors. Attach additional pages if necessary.)

2.3 Individuals Involved (if applicable):

- Name(s): _____
- Role(s): _____
- Contact(s): _____

2.4 Witnesses (if any):

- Name(s): _____
- Contact(s): _____

SECTION 3: INJURY DETAILS (Complete if applicable)

3.1 Injured Person's Information:

- Name: _____
- Position: _____ (e.g., student, faculty, technician)
- Contact Information: _____

3.2 Nature of Injury:

☐ Cut/Laceration

☐ Burn

☐ Strain/Sprain

☐ Bruise/Contusion

☐ Other: _____

3.3 First Aid Administered:

☐ Yes

☐ No

3.4 Description of Medical Treatment (if any):

3.5 Was Emergency Medical Assistance Contacted?

☐ Yes (Provide details): _____

☐ No

SECTION 4: EQUIPMENT MALFUNCTION DETAILS (Complete if applicable)

4.1 Equipment Involved:

- Name: _____
- Model/Serial Number: _____

4.2 Nature of Malfunction:

☐ Electrical Issue

☐ Mechanical Issue

☐ Software Issue

☐ Other: _____

4.3 Description of Malfunction:

(Provide a detailed description, including any error messages or unusual behavior observed.)

SECTION 5: IMMEDIATE ACTIONS TAKEN

5.1 Actions Taken to Address the Incident:

☐ Equipment isolated or tagged as "Out of Order"

☐ Area secured to prevent further hazards

☐ First aid administered

☐ Emergency services contacted

☐ The Head of the Laboratory notified

☐ Other: _____

5.2 Description of Actions:

(Provide details of immediate steps taken following the incident.)

SECTION 6: RECOMMENDATIONS AND FOLLOW-UP

6.1 Recommendations for Preventing Similar Incidents:

(Provide suggestions for improving safety or equipment use.)

6.2 Additional Comments or Notes:

SECTION 7: SIGNATURES

7.1 Reported By:

- Name: _____
- Signature: _____
- Date: _____

7.2 Witness (if applicable):

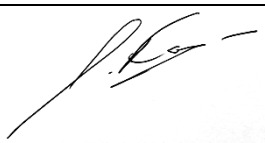
- Name: _____
- Signature: _____
- Date: _____

7.3 Laboratory Coordinator (upon review):

- Name: _____
- Signature: _____
- Date: _____

FINAL NOTES

This form is a critical tool for maintaining a safe and effective working environment in the laboratory. Accurate reporting helps identify and mitigate risks, ensuring the well-being of all users. For further assistance, contact the Head of the Laboratory at y.kapranov@vizja.pl.

HEAD of the Laboratory of Phonetics and Oral Interpretation		dr Yan Kapranov

December 01, 2024