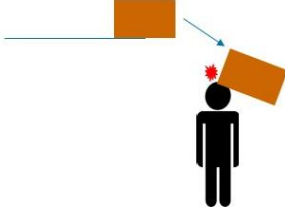
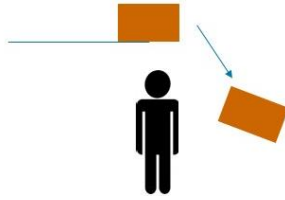


Accident/incident/hazardous situation declaration form

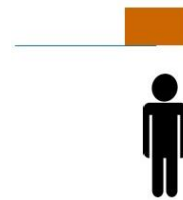
accident



incident



hazardous situation



Unit (i.e. department, institute) :

Group :

Group leader:

Filled by :

Tel. No. :

Biological hazard

Fire

sharp / cutting object

Chemical hazard

Explosion

Technical problem

Physical hazard

Gas leak/odor

Field-related

Radioactive hazard

leakage / product spill

Outside of Campus

Other :

Abroad

Date:

Time:

Room / place / Building:

Cause (product, substance, object, etc.) :

Description of the incident / sketch:

People affected:

Material or environmental damage:

Probable consequences :

Immediate actions taken:

Long term actions:

People informed:

- | | |
|--|--|
| <input type="checkbox"/> 115 | <input type="checkbox"/> Rescuer (family and first name) : |
| <input type="checkbox"/> Security service (UniSEP) | <input type="checkbox"/> Technical services (UNIBAT) |
| <input type="checkbox"/> Person responsible for unit | <input type="checkbox"/> Accident insurance through SRH |
| <input type="checkbox"/> Dean's office | <input type="checkbox"/> Other : |

Signature and date

Author :

COSEC :

This document must be transmitted to the department security coordinator (COSEC) for transmission to (unisep.sst@unil.ch) and to the person in charge of the unit.