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**Environmental & Emergency Management/Environmental Health & Safety**



Name of Person making report	Phone Number	Date	Time	Building & Room location of incident

Description of Incident

Injured Person(s):	Address:	Contact#	Type of Injury:
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Actions Taken

Forward copy to EEM Office Fax# 4-4018 or email [EHS@uml.edu](mailto:EHS@uml.edu) or [Biosafety@uml.edu](mailto:Biosafety@uml.edu)

