



bic

biomedical imaging center

University of Texas at Austin
Imaging Research Center

Safety Infraction and Incident Report Form

Date: _____
Last Name: _____
First Name: _____
UT EID: _____
E-mail address: _____
Advisor/Mentor: _____

Location of event: _____ Time of event: _____

Describe what happened as completely and honestly as possible.

List all who were present, and why they were there.