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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:	
Actions Taken					
Forward copy to EEM Office Fax# 4-401	18 or email EHS@uml.ed	u or Biosafety@	vuml.edu		