

DALLAS MAKERSPACE

Incident Form

Name:_____
Date/Time:_____

Email:_____ Phone:_____

Location of incident:_____

Type of incident(cut, scrape, etc.):_____

Tool(s) involved:_____

Medical attention required(ambulance, ER, first-aid, etc.):_____

Briefly explain:

_____

_____

_____

Please fill out this form and return it to a member of the Board of Directors or Infrastructure. Our goal at DMS is to ensure the overall safety of our members. We strive to create a safe, fun, and functional work and learning environment.

All feedback is important to make DMS as safe as we can for every member and guest!