

Incident Report Form

To be filled out within 24 hours of incident

Today's Date: _____

This form is to be used for individuals involved in an incident on campus. Employees must notify their supervisor.

Employee: FT PT Casual Student: Student Employee

Contractor: Visitor: Other: please describe: _____

Name _____ DOH ___/___/___
DOB ___/___/___

Department _____

Incident Date ___/___/___ Time: ___:___ AM or PM (circle one)

Location: Bldg: _____ Room: _____ Exact Area: _____

Witnesses _____

Description of Incident _____

Root Cause – be specific _____

Contributing Factors (ie. weather, lack of training) _____

What Corrective Measures could be taken: _____

Medical Treatment

[] No treatment [] First aid only at location, treatment (describe) _____

[] Medical (indicate medical care provider/clinic) _____

[] Other (describe) _____

Employee/Student Signature _____

Supervisor Name (please print) _____ Phone _____

Supervisor Signature _____ Date _____

Copies: (1) a copy for supervisor, (2) send one copy to Environmental Health & Safety

Questions?? Call x 3882