INCIDENT REPORT FORM
(Form Revision – April, 2009)

1. Name of Faculty or Student:_____________________________________________________________

2. Location of Incident: _________________________________________________________________

3. Date of incident ____________________ Day  _______________ Time  __________________

4. Name of Supervisor: ________________________________________________________________

5. If the incident involved physical injury:
   a. Description of injury (give only factual information):  ______________________________________

   b. Description of situation resulting in incident:  __________________________________________

   c. Name(s) of any witnesses to medical care provided at time of injury:  _________________________

6. Description of action taken at time of incident, including name of person who provided initial health care:

   ______________________________________________________

   ______________________________________________________

   ______________________________________________________

7. Name(s) of any witnesses to incident:  ________________________________________________

   ______________________________________________________

   ______________________________________________________

8. Person receiving report of non-injury: ___________________________________________________

   ______________________________________________________

   ______________________________________________________

   ______________________________________________________

Signature of Supervisor and/or Faculty Member    Date

Reviewed May, 2013