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 ___________