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