

**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