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 November, 2015