INCIDENT REPORT FORM
(Form Revision – December, 2015)

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 December, 2015