

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