This form is to be used for individuals involved in an incident on campus. Employees must notify their supervisor.

**Employee:**
- FT
- PT
- Casual

**Student:**
- Student
- Employee

**Contractor:**
- Visitor
- Other: please describe:

**Name:** ____________________________

**DOB:** ___ / ___ / ______

**Department:** ____________________________

**Incident Date:** ____ / ____ / ______

**Time:** _____:______ AM or PM (circle one)

**Location:**
- **Bldg:**
- **Room:**

**Exact Area:** ____________________________

**Witnesses:** __________________________________________

**Description of Incident:**
________________________________________________________________
________________________________________________________________

**Root Cause** – be specific
________________________________________________________________

**Contributing Factors** (ie. weather, lack of training)
________________________________________________________________
________________________________________________________________

**What Corrective Measures could be taken:**
________________________________________________________________
________________________________________________________________

**Medical Treatment**

[ ] No treatment  [ ] First aid only at location, treatment (describe) __________________________________________

[ ] Medical (indicate medical care provider/clinic) __________________________________________

[ ] Other (describe) __________________________________________

**Employee/Student Signature**
________________________________________________________________
________________________________________________________________

**Supervisor Name** (please print) ____________________________

**Phone** ____________________________

**Supervisor Signature** ____________________________

**Date** ____________________________

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**Copies:**
(1) a copy for supervisor, (2) send one copy to Environmental Health & Safety

**Questions?? Call** x 3882