

Today's Date: _____

Incident Report Form
To be filled out within 24 hours of incident

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

Name _____ DOH ___ / ___ / _____
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 _____

Complete All Items on Form

Keep (1) a copy for supervisor, (2) send one copy to Environmental Health & Safety and (3) send one copy to Cathy Summa, Director at the Science Center

Questions?? Call x 3882