Incident Report Form

1. Name of the 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 witness 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: