

Student / Visitor Incident Report Form

This report must be filled out completely and returned to Personnel Office within one (1) working day of the incident.

PERSONAL INFORMATION

Name:	
Date of incident:	Time of incident:
Local address:	Phone number:
Name of person completing this report:	

INCIDENT INFORMATION

Who was notified of this incident? When? (Include name(s) and department, date and time)
Exact location of incident.
Details description of what happened. Include what the person was doing at the time of the incident, what object or substance caused injury if an injury occurred:
Body part injured (specify right or left if applicable):
Nature of injury (check all that apply): <input type="checkbox"/> Abrasion <input type="checkbox"/> Cold injury <input type="checkbox"/> Fracture <input type="checkbox"/> Puncture <input type="checkbox"/> Burn <input type="checkbox"/> Dermatitis <input type="checkbox"/> Heat injury <input type="checkbox"/> Sprain/strain <input type="checkbox"/> Bruise <input type="checkbox"/> Foreign body in eye <input type="checkbox"/> Laceration <input type="checkbox"/> Other (specify):

TREATMENT

<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of treatment:	
First Aid Only: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of physician (if seen):	Hospitalized: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of hospital:

ADDITIONAL INFORMATION

Witness to the incident:
Phone Number:
Comments from witness:

*Note: More than one (1) witness attach additional sheets if needed.

Signature of student or visitor

Date