MontanaTech
ENVIRONMENTAL HEALTH & SAFETY

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STUDENT/VISITOR INCIDENT REPORT

NOTE: This report must be filled out completely and returned to Personnel within one working day of the incident.

PERSONAL INFORMATION

Name:	
Date of incident:	Time of incident:
Local Address:	Phone number:
Name of person completing this report:	
Campus Department:	

INCIDENT INFORMATION

Who was notified of this incident? When? Include name(s) and department , date and time:
Exact location of incident:
Detailed 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):

☐ Abrasion	☐ Burn	☐ Laceration	☐ Heat Injury
☐ Puncture	☐ Bruise	☐ Fracture	☐ Cold Injury
☐ Sprain/strain	☐ Foreign body in eye	☐ Dermatitis	☐ Other (specify)

TREATMENT REQUIRED

◯ Yes ◯ No	Date of Treatment:	
First Aid Only ☐	Name of physician if seen	Hospitalized: Name of hospital:

WITNESSES TO THE INCIDENT:	
Name: Phone number:	Name: Phone number:
Comments from witness: (attach additional sheets if necessary:	Comments from witness:

_____ _____

Signature of Student or Visitor Date