Student/Non-Employee Incident Report Form

Date of Incident: ___/___/___ Time of Incident: ___________ AM or PM

Name (of Injured): __________________________________________

Address: ________________________________________________ Phone: ____________

City & State: ______________________________ Age: ____ Sex: ____

Position (Check one): Undergraduate: _____ Visitor: _____ other: _____

Location of Incident: Building____________________ Room Number________

Type of Incident: Fire____ Chemical Spill _____ Medical Injury _____ Other ____

Incident Occurred During: Course (Course number and experiment #) _____

Research _____ Other _____

Was Safety or 911 called? Yes or No If yes, which one was called? _____________

Type of Medical Care

Was simple first aid given? (Band-aid) Yes or No
Was treatment provided by emergency personnel? Yes or No
Was transportation provided by emergency personnel? Yes or No
Was medical treatment deemed unnecessary by injured? Yes or No

If yes, signature of injured here ______________________________

Type of Injury: Thermal Burn_____ Chemical Burn____ Glass cut, Scrape, or Puncture____

Non-glass cut, Scrape, or Puncture_____Chemical Irritation of Skin____

Irritation of Eyes_____ Inhalation of Fumes_____ Other________________________________

Body part affected/injured: ____________________________

Description of Incident (Use the back of this form if necessary and include names of witnesses if any)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Student Signature: ______________________________________________

Professor/Staff Member Signature: ______________________________

PLEASE SUBMIT COMPLETED FORM TO THE EH&S/Risk Manager WITHIN THREE DAYS OF THE INCIDENT.

January 2007 cpm
Updated: August 2016; February 2012