



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.