

# Incident Report

(Report all incidents even if no apparent injury)

| Last Name<br>(person reporting incident) | First Name | Middle Initial | Room#<br>(place incident occurred) | Building | Parking Lot |
|--|------------|----------------|------------------------------------|----------|-------------|
|--|------------|----------------|------------------------------------|----------|-------------|

Names of individual(s) involved in incident:

\_\_\_\_\_

\_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_ am /pm

Was it necessary to notify physician  Yes  No Time of notification: \_\_\_\_\_ am/pm

Name of physician: \_\_\_\_\_ Name of employee: \_\_\_\_\_

Describe the nature of incident and injuries if any received:

\_\_\_\_\_

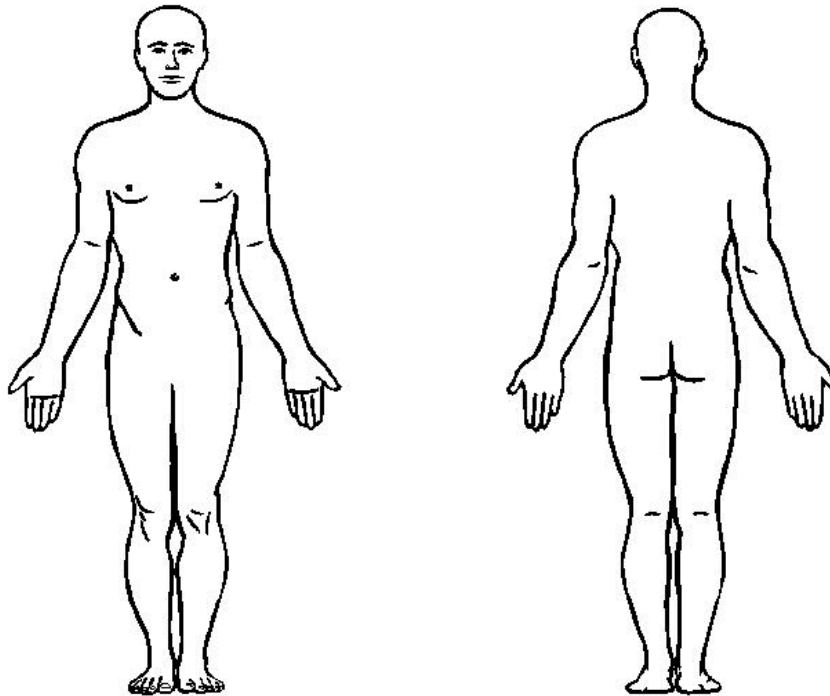
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Illustrate on the diagram position or place of injury, if any:



Date report written: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm \_\_\_\_\_

Signature of person reporting incident