



Report of Accident/Incident Report

This form is to be completed by a staff member to report an accident or occurrence. Also, use this form when a staff member witnesses an accident or occurrence.

Name of Employee _____

Name of Witness _____

Date of Occurrence _____

Time of Occurrence _____

Location of Occurrence _____

Describe in detail the nature of the occurrence and any resulting injury. Use back of form if necessary.

1. Follow-up
If injury, the injured person on campus...

___ Remained on Campus

___ Went Home (driven by _____)

___ Emergency Room Visit

___ Taken by Ambulance ___ Taken by Staff

Was spouse, parent, or other responsible party notified? _____

2. If equipment or facility was damaged, describe damage and any action taken.

Comments: _____

Employee Signature

Date

Please Return this form to Human Resources