

Accident / Incident Report

1. Person Reporting:	2. Date of accident / incident	3. Time of accident / incident:
4. Name: (Last, First, MI)		5. School:
6. Address, City, State, Zip Code:	7. School Phone#:	a. Work Telephone #:
8. E-mail:	a. Alternate E-Mail:	
9. Address or location where accident / incident occurred: (Building, City)		
10. Specific location where accident / incident occurred: (Stairs, Loading Dock, Room or Lab #. Give direction for more detail - N,S,E,W)		
11. Nature of accident / incident:		
12. Cause of accident / incident:		
13. How and why did this incident occur: (Be as detailed as possible, use additional sheet(s) if necessary)		
14. Witnesses name, and contact information: (Use additional sheet(s) if necessary)		
15. Signature of Person Completing Report:		
18. Person Completing Report: (if other than above)	a. Title:	19. Date sent to Safety:
b. Telephone#:	c. E-mail:	

For assistance with completion of this form contact your supervisor.