



# Incident Report

**Personal Information (Complete all that apply)**

Person Name \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Personnel Classification  Staff  Faculty  Student  Other

College/Program/Unit \_\_\_\_\_

Occupation \_\_\_\_\_ Experience/yr. of study \_\_\_\_\_

NSID \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Supervisor Phone \_\_\_\_\_ Email \_\_\_\_\_

Was professional medical attention required?  Yes  No  N/A

Were there any witnesses?  Yes  No  N/A

Witness \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Incident Description (What Happened)** – give as much detail as possible including the nature of any injuries

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **Location** \_\_\_\_\_

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## Incident Report

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**Contributing Factors (What caused it)** – why do you think this happened? Any additional comments?

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**Actions Taken (What was done)** – what actions were taken to respond to the incident and/or prevent it from recurring?

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**Signatures** – please sign and date the report

Person Involved \_\_\_\_\_ Date \_\_\_\_\_  
Reporter (if different) \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor \_\_\_\_\_ Date \_\_\_\_\_

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**Incident Category (to be completed by Safety Resources)**

- First Aid     Medical Aid     Near Miss     Property Damage     Equipment Damage  
 Motor Vehicle     Environment     Other

**Incident Classification**

- Low Risk     Medium Risk     High Risk     Dangerous Occurrence

**Comments**

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