

Use the Incident Report Form to report campus incidents and employee work related injuries. These incidents may include, but are not limited to, slips and falls, laboratory events, needlestick injuries, and/or other incidents that may require medical assistance. This form should be completed and submitted as soon as possible following an incident, but no later than 24 hours following the event.

- Complete each section of the form as applicable, depending on whether the injured person falls into the _____, _____ or _____ category.
- Answer all questions to the best of your ability.
- Provide the date and time of the occurrence and the date you completed this form.
- Use the Pull down Menu in the select boxes, as indicated. (e.g., Campus Location and Building Name)
- Provide the full proper name (e.g., name as printed on Driver's license) of the individual involved in the incident.

NOTE: If there is more than one individual involved, a completed form is required for each individual.

- STUDENTS are required to provide their Banner ID # as well as their insurance carrier's name.
- Individuals who are not employees or students

Campus: Choose an item.	Date of Incident:	Time of Incident: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date Form Completed:
Person Involved (Last Name, First Name, Middle Initial)	Date of Hire:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Campus Address: Home Address:	Campus Phone: Home Phone:	Department: Cell Phone:	

