

Environmental Health & Safety

Incident Report



INFORMATION 1-13		
1. Victim's Name (Firm Name if Business) LAST, First, Middle		2. Social Security No. or TU ID#
3. Address City - State - Zip Code		4. Telephone
5. Employer/School or Local Address		6. Employer/School/Local Phone Number
7. INCIDENT		8. Date and Time Occurred AM PM
9. Location of Incident Address	10. Hospitalized? Yes No	11. Transported to Hospital? Yes No Hospital Name: Transported By:
12. Injuries/Illness Sustained		13. Work Related Yes No
ADDITIONAL INFORMATION - WITNESSES 14-21		
14. Name (Last, First, Middle)		15. Home Phone
16. Address		17. Business Phone
18. Name (Last, First, Middle)		19. Home Phone
20. Address		21. Business Phone
22. NARRATIVE: 1) Continuation of above item(s) - (indicate item no.) (2) Describe details of incident		
23. Victim's Signature		24. Date Submitted
