



Incident Report

Accident, Illness, Injury Report Form

550 East 300 South, Kaysville, UT 84037

HR Office Completion: _____

Copy to Safety Committee: _____

College Phone: 801-593-2500

Full Name		Name of Parent / Guardian if Minor	
Date of Birth		Male ()	Female ()
Program of Study			
Street Address			
City	State		Zip
Phone		Emergency Contact Phone Number	
Date of Incident	Date Reported		Reported To
Nature and Extent of Injuries/Symptoms (be specific)			
Was treatment given at site of incident?		Yes ()	No ()
Name of Individual providing assistance		Type of assistance given	
If treatment was given away from site of incident, where was it given?			
Facility			
Facility Address			
Describe the activity, tools, equipment or material being used and explain what happened and how it occurred. Example: "When ladder slipped on wet floor, person fell and hit right elbow..."			
Describe any object or substance involved that directly related to the injury of the individual. If this question does not apply, put N/A			
Exact Location of Incident		Date and Time	
Witness, List names, addresses and phone numbers (use second page if necessary)			
Did any property damage occur? Please describe.			
Did Law Enforcement Officer investigate at the scene of the incident?		Yes ()	No ()
Name of Officer		Department	
Report Completed by (print name)	Position		Phone#
Signature			
Reviewed by Safety Team		Review Date	

Further details if needed:

Follow up:

Date:

Signature

Recommendations for improvement by Safety Team (if any)

Revised: 01/08/02, 11/20/02, 01/29/03, 06/29/12