**INCIDENT NOTIFICATION REPORT**

|  |  |
| --- | --- |
| Location of Incident: |       |
| Name(s) of Injured: |       |  |       |
|  |       |  |       |
|  |       |  |       |
| Date of Incident: |       |  |  |
| Time of Report:  |      :      am/pm |  |  |
| Time of Injury/Incident:  |      :      am/pm |  |  |
| Reported by: |       |
| Title: |       |
| Company: |       |

Initial and date once completed:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | CPD Notified: |       |  |      /     /      |  |
| 2 | PMO Notified: |       |  |      /     /      |  |
| 3 | District Notified: |       |  |      /     /      |  |

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| --- |
| **FIRST RESPONDERS NOTIFIED** |
| [ ]  | Campus Sheriff’s Dept. | [ ]  | 911 | [ ]  | Police Dept. |
| [ ]  | Fire Dept. | [ ]  | Ambulance Service | [ ]  | None Required |

|  |
| --- |
| **LOCATION OF INJURIES** |
| [ ]  | Head | [ ]  | Trunk | [ ]  | Eyes | [ ]  | Wrist |
| [ ]  | Ankles | [ ]  | Neck | [ ]  | Abdomen | [ ]  | Respiratory |
| [ ]  | Chest | [ ]  | Feet | [ ]  | Teeth | [ ]  | Shoulder |
| [ ]  | Back | [ ]  | Hand | [ ]  | Skin | [ ]  | Fingers |
| [ ]  | Groin | [ ]  | Other (Describe): |       |

|  |
| --- |
| **MEDICAL TREATMENT** |
| [ ]  | None Required | [ ]  | First Aid | [ ]  | Clinic | [ ]  | Hospital |

|  |
| --- |
| **CAUSE** |
| [ ]  | Struck by Object | [ ]  | Fall | [ ]  | Shock | [ ]  | Vehicular |
| [ ]  | Equip. Accident | [ ]  | Eye injury | [ ]  | Assault | [ ]  | Burned |
| [ ]  | Toxic | [ ]  | Trapped | [ ]  | Flying object |  |  |
| [ ]  | Other (Describe): |       |

|  |
| --- |
| **LOCATION OF INJURED** |
| [ ]  | At scene |  |
| [ ]  | In transit to hospital/clinic located at |       |
| [ ]  | At hospital/clinic located at |       |

Sent Home? [ ]  Yes [ ]  No Returned to work? [ ]  Yes [ ]  No

Assistance Required, if any:

|  |
| --- |
|       |

Initial Description of Incident:

(Include sketch or Picture when possible)

|  |
| --- |
|       |

|  |  |  |
| --- | --- | --- |
| Report Completed By: |  |  |
|       |  |       |
| Full Name |  | Title |
|  |  |       |
| Signature |  | Date |