**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: |  |  | /     / |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |