

Student Incident Report

Report by:

Title:

Dept:

Email:

Phone #:

Incident:

Accident: * mark only if physical injury occurred

Date:

Time:

Location:

Description of Incident or Accident:

What injuries resulted from the Accident:

In what method was EHS notified:

Date notified:

EHS personnel notified:

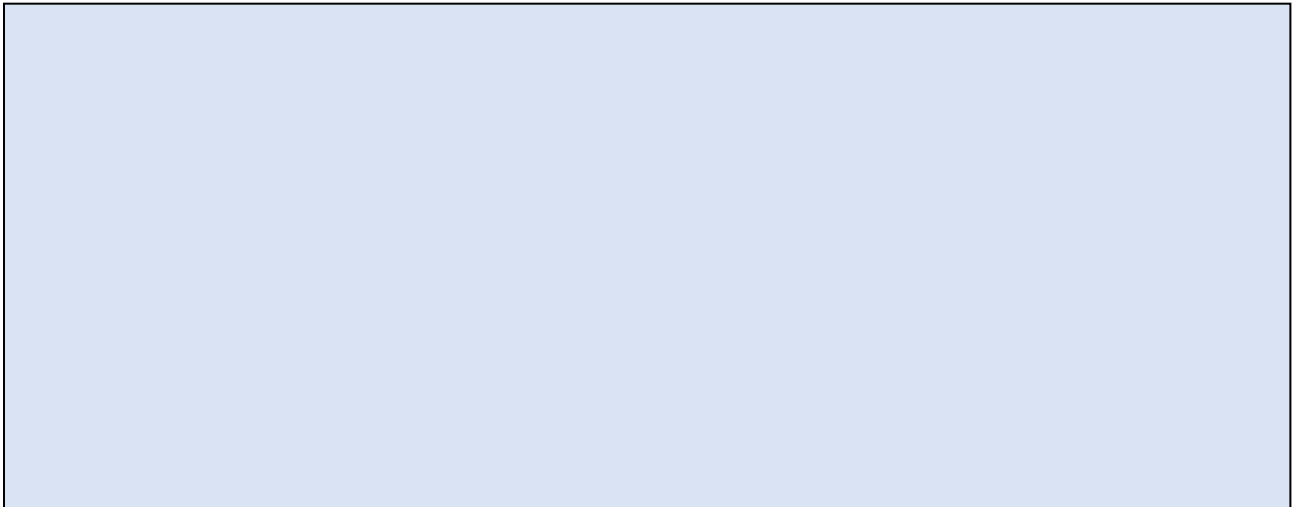
Investigation:

Filled by EHS



Corrective Action Recommended:

Filled by EHS



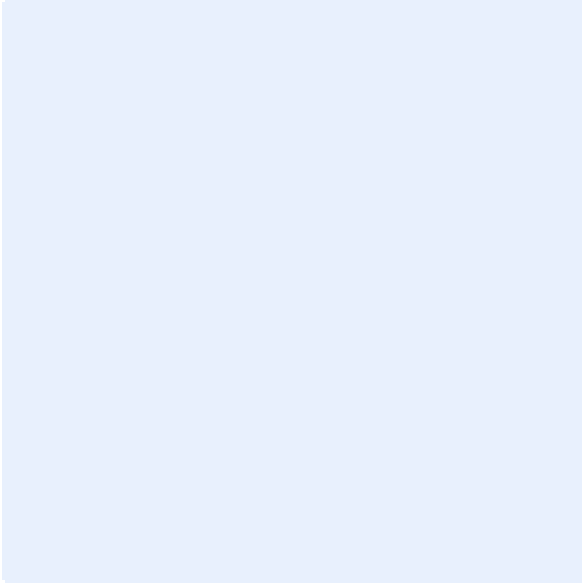
Name of EHS Investigator:

Date:

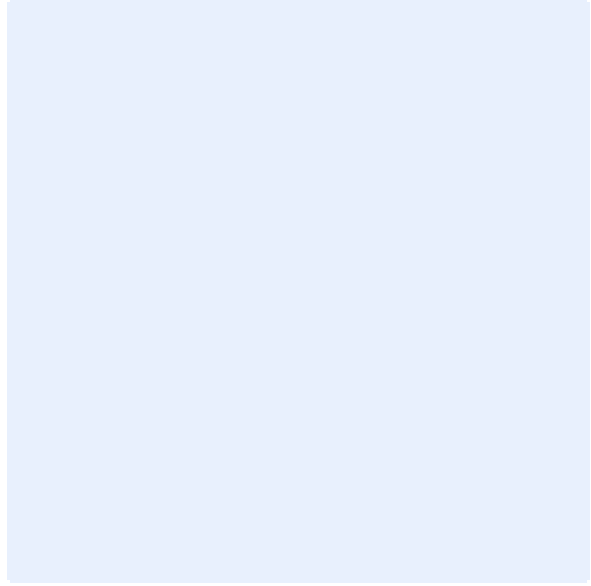
Attached any photos on the last page.

Click on the box to add image

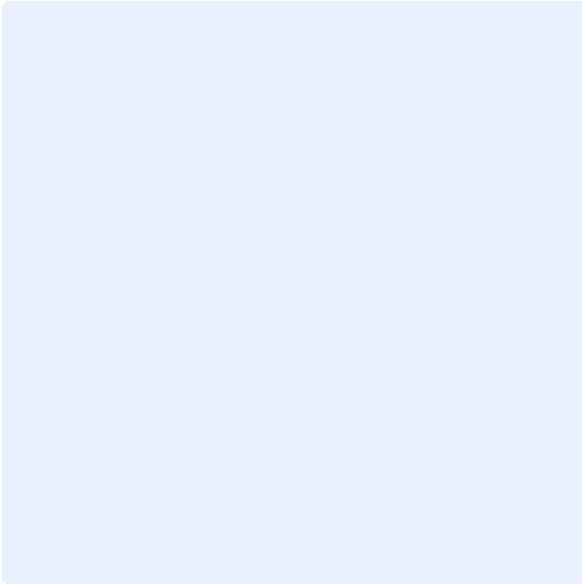
Picture 1



Picture 2



Picture 3



Picture 4

