Incident Report Form College of Engineering

Date of Incident: _____ **Time:** _____ **Location:** _____

Incident Description: _____

_____

Name(s) Of Impacted Personnel:

"(E)" For Employee or "(S)" for student must follow name(s)

Name(s) Of Relevant Witnesses: _____

Individual(s) In Charge of Area/Operation: _____

Responsible Department: _____ **Date Form Initiated:** _____

Incident Form Initiated By: _____

INVESTIGATION - Completed by CHO or COE administrator

Investigated By: _____ **Investigation Date(s):** _____

Apparent Cause of Incident: _____

_____

Appropriate PPE/Engineering Controls Employed? ☐ YES ☐ NO

List: _____

Corrective Measures Taken: _____

Sent To Appropriate Administrator: _____

_____

Name: _____ Date: _____

OFFICE USE ONLY

Incident Number: _____-_____

year number

Received by COE Science Safety Office:

(date)__