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) __