# Student/Visitor Incident Reporting/Investigation Form

## INCIDENT INFORMATION

<table>
<thead>
<tr>
<th>Date of Incident</th>
<th>Time</th>
<th>Day of Week</th>
<th>Location of Incident (Bldg., Room Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ S ☐ M ☐ T ☐ W ☐ T ☐ F ☐ S</td>
<td></td>
</tr>
</tbody>
</table>

## INJURED PERSON

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
<th>Age:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Student ☐ Visitor</td>
<td>☐ M ☐ F</td>
<td>Banner ID (If applicable):</td>
<td></td>
</tr>
</tbody>
</table>

## PERSON REPORTING INCIDENT

**Position/Title (e.g., Professor, PI, Technician, Student):**

**Nature of Injury:**
- □ Abrasion/Scratch
- □ Amputation
- □ Asphyxiation
- □ Bite
- □ Bruise
- □ Burn
- □ Chemical Reaction
- □ Concussion
- □ Cut/Laceration
- □ Dislocation
- □ Fracture
- □ Poisoning
- □ Puncture
- □ Scalds
- □ Shock (elect.)
- □ Sprain
- □ Other (Specify):  

**Injured Part of Body:**
- □ Abdomen
- □ Ankle
- □ Arm
- □ Back
- □ Chest
- □ Ear
- □ Elbow
- □ Eye
- □ Face
- □ Finger
- □ Foot
- □ Hand
- □ Head
- □ Knee
- □ Leg
- □ Mouth
- □ Nose
- □ Scalp
- □ Tooth
- □ Wrist

**Other (Specify):**

**Treatment:**
- □ First Aid
- □ Student Health Services
- □ Emergency Room
- □ Dr.’s Office
- □ Hospitalization

**Name and Address of Treating Physician or Facility:**

## DESCRIPTION OF INCIDENT – NON-LABORATORY

How did incident happen? What was the student doing? Where was Student? List specifically unsafe acts and unsafe conditions existing. Please specify.

## DESCRIPTION OF INCIDENT – LABORATORY

**Principal Investigator/Instructor:**

**Laboratory Room Number:**

How did incident happen? What chemicals were involved? Were Material Safety Data Sheets (MSDSs) given to students? Were possible reactions of chemicals discussed? Were personal protective equipment (PPE) worn? Was the experiment in written form for students to follow? Is this a new procedure?

**MSDS Given to Student for Exposure Information:**

**Other:**

**PPE:**
- □ Safety glasses/goggles
- □ Lab coat
- □ Closed-toed shoes
- □ Other:

**Emergency Equipment Used:**
- □ Fire Extinguisher
- □ Emergency eyewash/shower
- □ Other:
Remarks: Corrective Action Taken/What recommendations do you have for preventing other accidents of this kind?

## DAMAGED PROPERTY

<table>
<thead>
<tr>
<th>Property, Equipment, or Material Damaged:</th>
<th>Describe Damage:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Object or Substance Inflicting Damage:</td>
<td></td>
</tr>
</tbody>
</table>

Describe what happened (attach photographs or diagrams if necessary)

### Root Cause of Incident (Check All that Apply)

<table>
<thead>
<tr>
<th>Unsafe Acts</th>
<th>Unsafe Conditions</th>
<th>Management Deficiencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improper work technique</td>
<td>Poor workstation design or layout</td>
<td>Lack of written procedures or policies</td>
</tr>
<tr>
<td>Safety rule violation</td>
<td>Congested work area</td>
<td>Safety rule not enforced</td>
</tr>
<tr>
<td>Improper PPE or PPE not used</td>
<td>Hazardous substances</td>
<td>Hazards not identified</td>
</tr>
<tr>
<td>Operating without authority</td>
<td>Fire or explosion hazard</td>
<td>PPE unavailable</td>
</tr>
<tr>
<td>Failure to warn or secure</td>
<td>Inadequate ventilation</td>
<td>Insufficient student training</td>
</tr>
<tr>
<td>Operating at improper speeds</td>
<td>Improper material storage</td>
<td>Insufficient supervision</td>
</tr>
<tr>
<td>Improper loading or placement</td>
<td>Insufficient knowledge of task</td>
<td>Inadequate equipment</td>
</tr>
<tr>
<td>Improper Lifting</td>
<td>Slippery conditions</td>
<td>Other</td>
</tr>
<tr>
<td>Horseplay</td>
<td>Poor housekeeping</td>
<td></td>
</tr>
<tr>
<td>Drug or alcohol use</td>
<td>Insufficient lighting</td>
<td></td>
</tr>
<tr>
<td>Unnecessary haste</td>
<td>Improper tools or equipment</td>
<td></td>
</tr>
<tr>
<td>Other</td>
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### 1. OTHER INDIVIDUALS INVOLVED/WITNESSES

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Where were you, and what were you doing at the time of the incident?

### 2. OTHER INDIVIDUALS INVOLVED/WITNESSES

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Additional Remarks:
Please print the completed form and sign. Send signed form to the Safety Office.  
Save form and email to safety@uncp.edu