

Appendix C
ACCIDENT/INCIDENT REPORT FORM

1. Staff member completing the report:

2. Date of the accident/incident:

3. Time of the accident/incident

4. Location of the accident/incident.

5. Staff/students involved in the accident/incident:
 - A. Staff (Report Attached)
 - B. Student (Report Attached)

6. Professor's description of the accident/incident:

7. Immediate action taken to deal with the emergency:

8. Action taken to avoid a repeat of the accident/incident in the future:

_____/_____/_____
Date Report Was Completed

Signature of the Person Completing the Form