



## Student/Visitor Incident Report Form

Please complete form within 24 hours of incident occurring. Form can be submitted electronically to the Director of Environmental Health and Safety (EHS@millersville.edu) or by printing and submitting in-person.

### Incident Information

Name of person involved in incident or injured: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident, be specific to building, room, area, or location on premises:

\_\_\_\_\_

### Injured Person Details

Name of injured person: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

### Please List any Witness(es) to Incident

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Incident Details

Was injured person involved in an event when incident occurred? \_\_\_\_\_

What type of event was injured person involved in if any? (Check those that apply)

Sporting  Recreational League  Conference/Meeting  Other

Was a release/waiver signed if involved in an event?  Yes  No

Was event equipment involved in the incident?  Yes  No

Describe equipment involved: \_\_\_\_\_

Was the equipment owned by MU?:  Yes  No

### Injury Description

Nature of injury: (Check all that apply)

Strain/Sprain  Fracture  Laceration/Cut  Bruising  Scratch/Abrasion

Dislocation  Burn/Scald  Internal  Foreign Body  Chemical Reaction

Needle Stick  Amputation  Other

List body parts injured if any: \_\_\_\_\_

Was an ambulance called? \_\_\_\_ Yes \_\_\_\_ No

Was the incident reported to MU Police? \_\_\_\_ Yes \_\_\_\_ No

Treatment sought: \_\_\_\_ Emergency/Hospital \_\_\_\_ First Aid \_\_\_\_ None \_\_\_\_ Other

If treatment was sought please note where: \_\_\_\_\_

### **Damaged Property**

Was there any property damage? \_\_\_\_ Yes \_\_\_\_ No

Other: \_\_\_\_\_

Please list any property, equipment or material damaged: \_\_\_\_\_

Description of damage to the items listed above: \_\_\_\_\_

Cause of incident/damage: \_\_\_\_\_

### **Description of Incident**

Describe in detail what happened (who, what, where, when, why):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what action, condition, and/or circumstance caused the incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Summarize other conditions related to the incident- even contributing factors that may have  
educed the severity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Preventative or Corrective Actions**

Describe the actions that will be taken to prevent recurrence if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Signature**

Completed by (print name): \_\_\_\_\_

Completed by (sign name): \_\_\_\_\_

Date: \_\_\_\_\_