

SWOSU INCIDENT REPORT

PERSON INVOLVED:

- | | |
|-----------------------------------|---------------------------|
| <input type="checkbox"/> STUDENT | Complete sections A, B, F |
| <input type="checkbox"/> EMPLOYEE | Complete sections A, C, F |
| <input type="checkbox"/> VISITOR | Complete sections A, D, F |
| <input type="checkbox"/> OTHER* | Complete sections A, E, F |

* (Including camps, contests, upward bound, etc.)

A. Date of Incident: _____
Time of Incident: _____
Location: _____

B. _____
Last Name First Name Middle Initial

Permanent Address: _____
Street City State Zip

Local Address: _____
Street City State Zip

Home Telephone: _____ Local Telephone: _____

C. _____
Last Name First Name Middle Initial

Local Address: _____
Street City State Zip

Home Telephone#: _____

Department Supervisor: _____

Telephone Extension: _____

D. _____

Last Name	First Name	Middle Initial	
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Permanent Address: _____

Street	City	State	Zip
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Occupation: _____

Business Telephone: _____ Home Telephone: _____

Reason for presence at SWOSU:

E. _____

Name of camp or activity being attended at SWOSU

Student Name: _____

Last Name	First Name	Middle Initial	
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Campus Address: _____

Dorm	Room #
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Permanent Address: _____

Street	City	State	Zip
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Name of Parent/Guardian: _____

Last Name	First Name	Middle Initial	
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Permanent Address: _____

Street	City	State	Zip
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F. Description of Incident by *Injured Party*
(Have them describe the incident in their own words):

F. Continued

Witness To Incident: _____
Last Name First Name Middle Initial

Address: _____
Street City State Zip

Home Telephone: _____

Description of incident by witness:

Witness Signature

Witness To Incident: _____
Last Name First Name Middle Initial

Address: _____
Street City State Zip

Home Telephone: _____

Description of incident by witness:

Witness Signature

F. Continued

In YOUR own words, describe exactly what happened, why it happened, the injury that occurred, action taken, assistance given on offers of assistance refused by injured party, and disposition of the incident.

Was blood or body fluid present during the incident?

Date of Report: _____

Name of person preparing report: _____

Title of person preparing report: _____

NOTE: ONE COPY OF THIS REPORT IS TO BE TURNED IN TO THE SAFETY/RISK MANAGEMENT.