Idaho State University

Incident Report

This reporting form is for ISU students or visitors/guests of our facilities who may become injured. Injured Employees should refer to the Supervisor's Accident Report.

Name of Injured or Impacted Person: _____

Contact Info (Phone & Email): _____

Department/Program : _____

Name and Contact Info of ISU Personnel Assisting in Reporting: _____

_____

Location of Incident: _____ Date & Time of Incident: _____

Describe the Incident in detail (State specific task or activity being done, equipment, machinery, tools, or objects involved and factors contributing to the incident): _____

_____

_____

_____

_____

Nature of Injury: _____ Part of Body Injured: _____

Did they seek Medical Treatment?: ☐ YES ☐ NO If Yes, Explain: _____

_____

Was the incident caused by someone or something outside of ISU? ☐ YES ☐ NO

If yes, identify and explain: _____

Were protective gear or other safeguards provided and/or used? ☐ YES ☐ NO

Explain: _____

Identify individuals that witnessed the incident: _____

For ISU Personnel - What corrective action can be taken to prevent similar incidents? _____

_____

_____	_____	_____	_____
Injured Person Signature	Date	ISU Personnel	Date

Please store completed forms in department and snd a copy to Risk Management (risk@isu.edu). Include any other relevant documentation, such witness statements, photos, video footage, etc.