Incident #_____

INCIDENT REPORT FORM

INSTRUCTIONS: All incidents occurring on college property, or during college sponsored activities off campus, shall be reported within 24-hours to the Risk/EHS Manager. This form serves as a follow up to the intial report, and shall be completed and submitted to the Risk/EHS Manager within 5 days of an incident. Sections I, II, shall be completed by the individual(s) most directly invloved. Section III shall be completed by the administrator/instructor most directly invloved. NOTE: Send to Madison Area Technical College, Att. Risk/EHS Manager, 3550 Anderson Street - Room 118, Madison WI 53704 (608-246-6291 office; fax 608-246-6331)

SECTION I PERSONAL INFORMATION

☐ Employee ☐ Student ☐ Visitor ☐ Contractor

Name: _____

Home Address: _____
Number/Street/Apartment #

_____
City State Zip Code

Home Telephone#: _____ Date of Birth: _____ Age: _____

SECTION II INCIDENT INFORMATION

TYPE of INCIDENT

☐ Injury ☐ Safety Concern
☐ Illness ☐ Theft/Damage
☐ Near Miss ☐ Other _____

Date of Incident: _____ Time of Incident: _____ : _____ ☐ AM ☐ PM

CAMPUS INCIDENT OCCURRED AT:

☐ Truax Campus ☐ South Madison ☐ Portage
☐ Downtown Education Center ☐ Fire Service Education Center ☐ Reedsburg
☐ Commercial Ave. ☐ West Madison ☐ Watertown
☐ T.E.C ☐ Fort Atkinson ☐ Other

Specific Location of Incident: _____
(Building/Room/Lab/Department)

Brief Description of Incident: (if an injury, (1) explain activities occurring when injury or illness occurred and what hazards, equipment, chemicals, etc. were involved, (2) what happened to cause this injury or illness (3) what was the injury or illness (i.e., state the part of body affected and how it was affected)

SECTION II INCIDENT INFORMATION (Continued)

WHAT ACTION WAS TAKEN: CHECK ALL ACTIONS TAKEN. MARK ALL THAT APPLY

- ☐ Continued Activity (no action taken):
- ☐ First Aid Administered:
- ☐ Sent to Hospital/Emergency Room:
- ☐ Sent Home:

Name of Witness (if applicable): _____ Phone Number: _____

Name of Witness (if applicable): _____ Phone Number: _____

SECTION III MANAGER/SUPERVISOR/INSTRUCTOR INCIDENT ANALYSIS

What were the root causes of the incident and what action(s) can/has been taken to prevent such an incident from recurring? Include specific details on how the incident occurred and how the incident can be avoided in the future. (Note that photos are highly recommended immediately following an incident, if at all possible.)

I REPRESENT THAT THE INFORMATION PROVIDED IN THIS DOCUMENT IS TRUTHFUL AND TO THE BEST OF MY KNOWLEDGE. *(Individual involved in the incident please print your name and sign and date)*

Print Name: _____

Signature: _____ Date: _____