Incident #_____

INCIDENT REPORT FORM

INSTRUCTIONS: All college related incidents (employee, student, visitor, contractor) require Sections I and II of the MATC Incident Report Form to be completed by the individual(s) involved in the incident. If unable to do so, the person supervising the activity is to complete the Incident Report Form. Section III shall be used for MATC employee incidents only, and shall be completed by the employee's supervisor. NOTE: Send this form, within 5 days of incident, to the Risk/EHS Manager: Madison Area Technical College (MATC), Att. Risk/EHS Manager, 3550 Anderson Street, Madison WI 53704 (fax 608-246-6331)

SECTION I PERSONAL INFORMATION

☐ Employee ☐ Student ☐ Visitor ☐ Contractor

NAME: _____

HOME ADDRESS: _____
Number/Street

_____
City State Zip Code

SECTION II INCIDENT INFORMATION

TYPE of INCIDENT

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

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

CAMPUS INCIDENT OCCURRED AT:

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

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

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 incidnet and what action(s) can/has been taken to prevent such an incident from recurring? Include specific details on how the incident occcured 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. *(Indiviual invloved in the incident please print your name and sign and date)*

Print Name: _____

Signature: _____ Date: _____