



INCIDENT REPORT FORM

Please Print Legibly

DATE OF INCIDENT _____

TIME OF INCIDENT _____

LOCATION OF INCIDENT _____

Name of Victim(s)

Address

Telephone

Name of Witness (if applicable)

Address

Telephone

DESCRIPTION OF INCIDENT OR EVENT

WEATHER CONDITIONS AND OTHER CIRCUMSTANCES

CALLED POLICE SERVICES X2345 Yes _____ No _____

If an injury or accident, describe the disposition of the person (leave by ambulance, went to medical facility, walked out the door, etc.)

REPORTING PARTY

Print Name _____

Signature _____

Date _____

PLEASE RETURN INCIDENT REPORT FORM TO:

Environmental Health and Safety Office (405) 974-5994 • Fax (405) 974-5099

Facilities Management Building, Room 114, Campus Box 110

100 North University Drive, Edmond, OK 73034