



## 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 send a copy to Risk Management ([aubrienield@isu.edu](mailto:aubrienield@isu.edu)).  
Include any other relevant documentation, such witness statements, photos, video footage, etc.**