INSTRUCTIONS: All incidents occurring on College property, or during College sponsored activities off campus, should be reported within 24-hours to the Risk/EHS Manager. This form serves as a follow up to the initial report, and should be completed and submitted to the Risk/EHS Manager within 5 days of an incident. Sections I, II, should be completed by the individual(s) most directly involved. Section III should be completed by the administrator/instructor most directly involved. NOTE: Send to Madison Area Technical College, Att. Risk/EHS Manager, 1701 Wright Street 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

☐ Injury ☐ Safety Concern

☐ Illness ☐ Theft/Damage

☐ Near Miss ☐ Other

Date of Incident: ____________________________ Time of Incident: __________ : __________ ☐AM ☐PM

CAMPUS INCIDENT OCCURRED AT:

☐ Truax Main Building ☐ North Warehouse ☐ Fort Atkinson

☐ Health Education ☐ Commercial Avenue ☐ Portage

☐ Protective Services ☐ Goodman South ☐ Reedsburg

☐ Fire Education Training Center ☐ Excelsior Drive ☐ Watertown

☐ Foundation Centre ☐ EVOC ☐ 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, hazard, 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)

<table>
<thead>
<tr>
<th>WHAT ACTION WAS TAKEN: CHECK ALL ACTIONS TAKEN. MARK ALL THAT APPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Continued Activity (no action taken):</td>
</tr>
<tr>
<td>□ First Aid Administered:</td>
</tr>
<tr>
<td>□ Sent to Hospital/Emergency Room:</td>
</tr>
<tr>
<td>□ Sent Home:</td>
</tr>
</tbody>
</table>

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.)

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

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, sign and date)

Print Name: _____________________________________________________________

Signature: ___________________________________________________________________  Date: __________