

INCIDENT REPORT FORM



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

TYPE of INCIDENT

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Injury | <input type="checkbox"/> Safety Concern |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Theft/Damage |
| <input type="checkbox"/> Near Miss | <input type="checkbox"/> Other |

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

CAMPUS INCIDENT OCCURRED AT:

- | | | |
|---|--|--|
| <input type="checkbox"/> Truax Main Building | <input type="checkbox"/> North Warehouse | <input type="checkbox"/> Fort Atkinson |
| <input type="checkbox"/> Health Education | <input type="checkbox"/> Commercial Avenue | <input type="checkbox"/> Portage |
| <input type="checkbox"/> Protective Services | <input type="checkbox"/> Goodman South | <input type="checkbox"/> Reedsburg |
| <input type="checkbox"/> Fire Education Training Center | <input type="checkbox"/> Excelsior Drive | <input type="checkbox"/> Watertown |
| <input type="checkbox"/> Foundation Centre | <input type="checkbox"/> EVOC | <input type="checkbox"/> 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)
