

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"/> Downtown Education Center | <input type="checkbox"/> Reedsburg     |
| <input type="checkbox"/> Fire Education Training Center | <input type="checkbox"/> South Education Center    | <input type="checkbox"/> Watertown     |
| <input type="checkbox"/> Foundation Centre              | <input type="checkbox"/> Excelsior Drive           | <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)

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