

OCCURRENCE REPORT FORM (UPDATED 3/16)

1. Date of occurrence: _____ Time: _____ AM PM
2. Location of occurrence: _____ IL AZ
Is this: A laboratory Outdoors Off campus Student housing/ Rec Center MWU clinic
3. Occurrence involved *(check box)*: Student Intern/Resident Faculty/Staff Visitor
 Patient Other _____

4. Did the occurrence involve? *(check all that apply)* Near miss (could have resulted in injury)
- An instrument/device. *If so, what instrument/device?* _____
- Contact with blood/other bodily fluids.
- Exposure to chemical, biological/rDNA, or radioactive material. *If so, what?* _____
- An animal kick/bite/scratch/other incident. *If so, what animal?* _____
- A fall, slip, or trip.
- A motorized vehicle. *If so, a University vehicle?* Yes No Not sure
- Other: _____

Brief description of occurrence (state only facts): _____

5. Was anyone injured? *(check one)* Yes No None apparent

Name of person injured: _____

Address: _____

Phone Number(s): _____

Date of birth: _____ Male _____ Female _____

6. Injury type *(check all that apply)*: Burn Contusion/bruise Cut/stick/abrasion Sprain/Strain
 Fracture/dislocation Other: _____

7. Action taken *(check all that apply)*: Physician contacted Ambulance/EMT called First aid
 Dressing Band aid Ice Splint Flush Other: _____

8. Name of physician/hospital *(if applicable)*: _____

Address/Contact number: _____

Check here if treatment was refused

9. Witnesses *(including phone numbers)*: _____

Signature of injured party *(if possible)* _____ **Date** _____

Name of person completing form _____

Contact Number of person completing form _____

Signature of reviewer _____ **Extension** _____

Return this form within 48 hours of occurrence to Risk Management at
riskmanagement@midwestern.edu