

**INDIANA STATE UNIVERSITY
NON-EMPLOYEE INCIDENT REPORT FORM
EMERGENCIES – CALL 911**

ISU Student Student ID# _____
Volunteer Department _____
Other _____

Print or Type

Name: _____	Date of Birth _____	Gender _____		
Work phone: _____	Home phone: _____	Cell phone: _____		
Local Address _____	ADDRESS _____	APARTMENT # _____	CITY _____	STATE _____
Permanent Address _____				
Reason on Campus _____				

Date of Incident: _____ Time: _____

Location of Incident/Unsafe Area: _____
NAME OF BUILDING OR OTHER AREA ROOM NUMBER

Explain How Incident Occurred: _____

Did this incident cause personal injury? No _____ Yes _____ If "yes", state nature of injury _____

Did the injury require medical treatment? _____

If yes, where or from whom? _____

Were others injured? _____ No _____ Yes _____ If "yes", provide name(s) _____

Nature of Injury: _____

Part of Body Affected: _____

Date ISU employee was notified: _____

Name of ISU employee: _____ Phone # _____

List witnesses to Incident: _____

Was personal protective equipment required when incident occurred? _____ Yes _____ No

Was personal protective equipment being used at the time of the incident? _____ Yes _____ No

If personal protective equipment was used, check type (one or more)--

_____ protective clothing _____ head protection _____ respirator
_____ foot protection _____ hearing protection _____ back support
_____ eye protection _____ seat belt _____ other – explain _____

What actions have been taken to prevent re-occurrence: _____

Could this incident have caused a more serious injury or significant property loss? _____ Yes _____ No

An incident investigation may be warranted. Call Risk Management for assistance (x7946).

Signature of Injured Person (if applicable) _____ Date: _____

Name of Other Person Completing form: _____ Phone # _____

PRINT OR TYPE

Signature of the Above: _____ Date: _____

FOR RISK MANAGEMENT INVESTIGATION PURPOSES ONLY