

INCIDENT REPORT FORM
THE UNIVERSITY OF AKRON
DEPARTMENT OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH AND SAFETY

Date of the incident: _____	Time of the incident: _____
Location of the incident: Building: _____	Room #: _____ Phone: _____
Incident reported by: (Print): _____	Date: _____ Time: _____
Incident reported to: (Print): _____	Date: _____ Time: _____

Description of the incident: _____

List of people involved in the incident: _____

Corrective action taken at the time of the incident: _____

Action taken to avoid future similar incidents: _____

Corrective action approved by (Print): _____ Signature: _____
Corrective action approved on: _____ Corrective action implemented on: _____
Safety Officer (Print): _____ Signature: _____ Date: _____

Additional Comments: _____
