

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

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| 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: _____ |

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| Description of the incident: _____ |
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| List of people involved in the incident: _____ |
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| Corrective action taken at the time of the incident: _____ |
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| Action taken to avoid future similar incidents: _____ |
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| Corrective action approved by (Print): _____ Signature: _____ |
| Corrective action approved on: _____ Corrective action implemented on: _____ |
| Safety Officer (Print): _____ Signature: _____ Date: _____ |

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| Additional Comments: _____ |
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