

MARYMOUNT UNIVERSITY INCIDENT REPORT



MARYMOUNT
UNIVERSITY

Faculty or Staff in area where event occurred must complete this form within 24 hours.
Be specific as possible & include photos or drawings or additional information as needed.
Submit the form to Campus Safety.

TYPE OF INCIDENT:

<input type="checkbox"/>	INJURY OR EXPOSURE	<input type="checkbox"/>	EQUIPMENT BREAKDOWN, MALFUNCTION OR FAILURE
<input type="checkbox"/>	PROPERTY DAMAGE/ENVIRONMENTAL	<input type="checkbox"/>	NEAR INCIDENT/DANGEROUS ACT OR ACTIVITY
<input type="checkbox"/>	VEHICLE		

MU Contact Name:
 MU Contact Title/Dept.:

MU Contact Phone:
 MU Contact Email:

INCIDENT DETAILS (MUST BE COMPLETED FOR ALL INCIDENT TYPES):

Date of Incident: ____/____/____ (mo/day/yr)	Time of Incident: AM ____ PM ____	Date of Report: ____/____/____ (mo/day/yr)	Incident Location:	Building or Address: _____ Classroom or Lab? Y <input type="checkbox"/> N <input type="checkbox"/>	Floor #: _____	Room #: _____
--	---	--	--------------------	--	-------------------	------------------

WHAT happened?: Note scene and/or conditions on campus. Talk with other witnesses. Describe WHO was present (Faculty, Staff, Student, Visitor) ; WHEN and WHERE the incident happened, WHAT happened and HOW.

WHY did it happen?: WHAT caused the incident?

LIST immediate actions taken and results, including actions to protect the individuals and scene. Instructor response to classroom/lab incidents.

Who notified?	Campus Safety Physical Plant	Nursing Coordinator Arlington Fire & EMS	Bio/Chem Safety Arlington Police	Other(specify)
---------------	---------------------------------	---	-------------------------------------	----------------

LOCATION INFORMATION

PREMISES: DRY	WET	ICY	SNOW COVERED	OTHER: (specify)		
SURFACE: CONCRETE	ASPHALT	METAL	CARPET	TILE	GRASS	OTHER: (specify)
LIGHTING: INDOOR (ON OR OFF)			OUTDOOR (SUNNY/OVERCAST)		OTHER: (specify)	

WITNESSES/BYSTANDER INFORMATION:

NAME
 ADDRESS
 # & Street
 City
 State & ZIP
 PHONE
 Cell#
 Other: (specify)

WITNESSES/BYSTANDER INFORMATION:

NAME
 ADDRESS
 # & Street
 City
 State & ZIP
 PHONE
 Cell#
 Other: (specify)

VEHICLE

TYPE: MU Vehicle NON-MU Vehicle
 Complete MU Vehicle Accident Report Form for a MU Vehicle Incidents.

INJURY/EXPOSURE INCIDENT

STUDENT _____
 EMPLOYEE (student worker) _____
 OTHER (alumni/volunteer/vendor/visitor) _____
 Consent obtained to share information: Yes__ No__

NAME _____
 ADDRESS _____
 # & Street _____
 City _____
 State & ZIP _____
 PHONE _____
 Cell# _____
 Other: (specify) _____

NATURE OF INJURY: _____

 Cut or punctured by sharps/needle stick: Yes / No _____
 Injured body part: _____
 Medical treatment Yes / No _____
 Did response require? : Eyewash Emg shower
 PPE in Use: gloves gown footwear
 safety glasses other:
 CONDITION OR BEHAVIOR (unusual attire/carrying anything?) _____

STUDENT _____
 EMPLOYEE (student worker) _____
 OTHER (alumni/volunteer/vendor/visitor) _____
 Consent obtained to share information: Yes__ No__

NAME _____
 ADDRESS _____
 # & Street _____
 City _____
 State & ZIP _____
 PHONE _____
 Cell# _____
 Other: (specify) _____

NATURE OF INJURY: _____

 Cut or punctured by sharps/needle stick: Yes / No _____
 Injured body part: _____
 Medical treatment Yes / No _____
 Did response require? : Eyewash Emg shower
 PPE in Use: gloves gown footwear
 safety glasses other:
 CONDITION OR BEHAVIOR (unusual attire/carrying anything?) _____

PROPERTY DAMAGE/ENVIRONMENTAL

TYPE: Fire/Smoke Theft Flood Wind Chemical Release(type): _____
 Odor Alarm Suspicious Material/Package Other(describe): _____

MATERIAL or AGENT Involved (if any list below): Other(describe): _____
 Biological: Bacteria, Blood, Carcinogenic, Pathogenic, Non-Pathogenic
 Chemical: Acid, Corrosive, Flammable, Oxidizer, Reactive, Toxic

WAS ANYONE INJURED or EXPOSED? Yes No **If YES: complete the injury/exposure section**

Property/Material/Equipment Damaged or Lost:	Nature of Damage:
Object/Substance Inflicting Damage:	Estimated Cost of Damage:

EQUIPMENT BREAKDOWN/MALFUNCTION/FAILURE

TYPE: (list) Breakdown Malfunction Failure
Equipment Name - Manufacturer/Model
Describe any resulting damage (individuals, facility, other property):

NEAR MISS/DANGEROUS ACTIVITY OR ACT

TYPE: Near Miss Dangerous Activity
WHO: Student Employee (student worker) Other (alumni/volunteer/vendor/visitor)
 Describe WHAT happened:

ATTACHED PHOTOGRAPHS or DIAGRAMS or INFORMATION: (please label all documentation)
 Attachment 1
 Attachment 2
 Attachment 3
 Attachment 4