



Idaho State University

Incident Report

This reporting form is for ISU students or visitors/guests of our facilities who may become injured. Injured Employees should refer to the Supervisor's Accident Report.

Name of Injured or Impacted Person: _____

Contact Info (Phone & Email): _____

Department/Program : _____

Name and Contact Info of ISU Personnel Assisting in Reporting: _____

Location of Incident: _____ Date & Time of Incident: _____

Describe the Incident in detail (State specific task or activity being done, equipment, machinery, tools, or objects involved and factors contributing to the incident): _____

Nature of Injury: _____ Part of Body Injured: _____

Did they seek Medical Treatment?: YES NO If Yes, Explain: _____

Was the incident caused by someone or something outside of ISU? YES NO

If yes, identify and explain: _____

Were protective gear or other safeguards provided and/or used? YES NO

Explain: _____

Identify individuals that witnessed the incident: _____

For ISU Personnel - What corrective action can be taken to prevent similar incidents? _____

Injured Person Signature Date ISU Personnel Date

Please store completed forms in department and send a copy to Risk Management (aubrienield@isu.edu). Include any other relevant documentation, such witness statements, photos, video footage, etc.