

**INTERNAL INCIDENT REPORT**

DEPARTMENT OF BIOLOGICAL, CHEMICAL, &amp; PHYSICAL SCIENCES

**PLEASE TYPE OR PRINT ALL INFORMATION NEATLY INTO THE BLANK BOXES.**

CURRENT DATE:	DATE AND TIME OF INCIDENT:

LOCATION OF INCIDENT:

**IF MULTIPLE PEOPLE WERE INJURED IN THIS INCIDENT, COMPLETE A SEPARATE INTERNAL ACCIDENT REPORT FOR EACH INJURED PARTY. FILL IN THE FOLLOWING INFORMATION PERTAINING TO THE INJURED PARTY:**

LAST NAME:	FIRST NAME:

STUDENT ID #:	SEX:	DATE OF BIRTH:

HOME ADDRESS:	APT OR UNIT #:	
CITY:	STATE:	ZIP CODE:

CHOOSE THE STATUS OF THE INJURED PARTY:					
STUDENT:		EMPLOYEE:		OTHER (DESCRIBE):	
IF INJURED PARTY IS AN EMPLOYEE, PLEASE COMPLETE THE AREAS BELOW:					
CAMPUS:		DEPARTMENT:		JOB TITLE:	
WAS HUMAN RESOURCES CONTACTED?				NAME OF HR CONTACT:	

**PLEASE COMPLETE THE INFORMATION BELOW:**

IF THERE WAS CHEMICAL EXPOSURE, PLEASE LIST THE CHEMICAL(S) INVOLVED:

WITNESS(ES) NAME(S):	WITNESS(ES) PHONE NUMBER(S):

**PLEASE INDICATE ALL PERFORMED ACTIONS WHICH APPLY, AND PROVIDE DETAILS IN THE BOX AT THE RIGHT:**

911 CALLED	
CAMPUS SECURITY CALLED	
DEPARTMENT CHAIR CALLED	
EMERGENCY CONTACT CALLED	
MSDS PROVIDED TO EMT OR STUDENT	
INJURED PARTY ARRANGED FOR THEIR OWN TRANSPORTATION TO EMERGENCY ROOM	
CALLED OWN DOCTOR'S OFFICE FOR ADVICE	
USED ROOSEVELT UNIVERSITY'S FIRST-AID KIT TO ADMINISTER CARE	
OTHER (PLEASE EXPLAIN)	

**PROVIDE NARRATIVES FOR THE TWO SECTIONS BELOW.**

DESCRIBE THE ACTIVITY LEADING UP TO THE INCIDENT AND THE EMERGENCY RESPONSE:

DESCRIPTION OF INJURY:

NAME OF REPORT PREPARER:	SIGNATURE OF REPORT PREPARER: