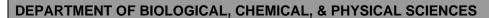
## INTERNAL INCIDENT REPORT





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

CURRENT DATE:			DATE AND TIME OF INCIDENT:				
LOCATION O	F 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 TH	E STATUS OI	F THE INJURED PA	ARTY:				
STUDENT:		EMPLOYEE:		OTHER (DESCR	·		
IF INJURED F	PARTY IS AN	EMPLOYEE, PLEA	SE COMPL	ETE THE AREAS B	ELOW:		
CAMPUS:		DEPARTMENT:		JOB TITLE:			
WAS HUMAN RESOURCES CONTACTED?				NAME OF HR CONTACT:			
PLEASE COMPLETE THE INFORMATION BELOW:							
IF THERE WA	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 SEC	PROVIDE NARRATIVES FOR THE TWO SECTIONS BELOW.					
DESCRIBE THE ACTIVITY LEADING UP TO THE INC	IDENT AND THE EMERGENCY RESPONSE:					
DESCRIPTION OF INJURY:						
DESCRIPTION OF INJURY:						
DESCRIPTION OF INJURY:						
DESCRIPTION OF INJURY:						
DESCRIPTION OF INJURY:						
DESCRIPTION OF INJURY:						
DESCRIPTION OF INJURY:						
DESCRIPTION OF INJURY:  NAME OF REPORT PREPARER:	SIGNATURE OF REPORT PREPARER:					