

**INTERNAL INCIDENT REPORT****DEPARTMENT OF BIOPHARMACEUTICAL SCIENCES**

PLEASE COMPLETE THESE FORM FOR INJURIES THAT OCCURE WHILE AT ROOSEVELT UNIVERSITY. TYPE OR PRINT ALL INFORMATION NEATLY INTO THE BLANK BOXES.

ACCIDENT: MEDICAL: CHEMICAL EXPOSURE: 

CURRENT DATE:	
DATE AND TIME OF INCIDENT:	
LOCATION OF INCIDENT:	

**FILL IN THE FOLLOWING INFORMATION PERTAINING TO THE INJURED PARTY:**

LAST NAME	FIRST NAME:

ROOSEVELT ID #:	SEX:	DATE OF BIRTH:

STATUS OF INJURED PARTY:				
STUDENT:		EMPLOYEE:		OTHER (DESCRIBE):
IF INJURED PARTY IS AN EMPLOYEE, PLEASE COMPLETE THE FOLLOWING:				
CAMPUS:		DEPARTMENT:		JOB TITLE:

**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 ACTION TAKEN: CHECK OFF AS MANY AS APPLY AND PROVIDE DETAILS IN THE BOX AT THE RIGHT:**

911 CALLED	
CAMPUS SAFETY CALLED	
LAB MANAGER CALLED	
DEPARTMENT CHAIR CALLED	
EMERGENCY CONTACT CALLED	
MSDS PROVIDED TO EMT OR STUDENT	
INJURED PARTY ARRANGED FOR TRANSPORTATION TO EMERGENCY ROOM	
CALLED/ WENT TO OWN DOCTOR'S OFFICE	
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 INJURED PARTY:	SIGNATURE OF INJURED PARTY:

NAME OF REPORT PREPARER:	SIGNATURE OF REPORT PREPARER:

