

Oklahoma State University - Oklahoma City

Incident / Accident Report

MUST BE TURNED IN TO SECURITY

This form is used for STUDENTS, VISITORS AND EMPLOYEES OF OSU-Oklahoma City
EMPLOYEE INJURIES MUST BE REPORTED TO HUMAN RESOURCES IMMEDIATELY

Building: _____

Room No.: _____

Exact Location of Incident: _____

INJURED PARTY

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Date of Incident: _____ Exact Time: _____ a.m. _____ p.m.

Date of Report: _____ Time of Report: _____ a.m. _____ p.m.

Your Name: _____ Your Title: _____

Office No.: _____ Phone: _____

Did you witness incident?^(check) Yes No

If not, who informed you of incident? _____

Did you inspect location immediately after incident?^(check) Yes No

Was location: ^(check) Clean? Dry? Wet? Puddles?

Floor/Surface type? _____

Any foreign substances or obstructions? _____

Weather conditions (if applicable) _____

Lighting conditions (if applicable) _____

Description of Incident: _____

Nature of Injury: _____

Cause of Accident: _____

Corrective Action: _____

Witnesses? ^(provide name and contact number) _____

* Please submit Witness/Complainant Statement forms (if applicable)