



Student/Visitor Incident/Injury Report Form

Please complete form within 24 hours of incident occurring. Form can be submitted electronically to the Director of Environmental Health and Safety (EHS@millersville.edu) or by printing and submitting in-person.

Incident Information

Name of person involved in incident or injured: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident, be specific to building, room, area, or location on premises:

Injured Person Details

Name of injured person: _____ Home Phone Number: _____

Cell Phone Number: _____ Email: _____

Address: _____

Age: _____

Please List any Witness(es) to Incident

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Incident Details

Was injured person involved in an event when incident occurred? _____

What type of event was injured person involved in if any? (Check those that apply)

Sporting Recreational League Conference/Meeting Other

Was a release/waiver signed if involved in an event? Yes No

Was event equipment involved in the incident? Yes No

Describe equipment involved: _____

Was the equipment owned by MU?: Yes No

Injury Description

Nature of injury: (Check all that apply)

Strain/Sprain Fracture Laceration/Cut Bruising Scratch/Abrasion

Dislocation Burn/Scald Internal Foreign Body Chemical Reaction

Needle Stick Amputation Other

List body parts injured if any: _____

Was an ambulance called? ____ Yes ____ No

Was the incident reported to MU Police? ____ Yes ____ No

Treatment sought: ____ Emergency/Hospital ____ First Aid ____ None ____ Other

If treatment was sought please note where: _____

Damaged Property

Was there any property damage? ____ Yes ____ No

Other: _____

Please list any property, equipment or material damaged: _____

Description of damage to the items listed above: _____

Cause of incident/damage: _____

Description of Incident

Describe in detail what happened (who, what, where, when, why):

Describe what action, condition, and/or circumstance caused the incident: _____

Summarize other conditions related to the incident- even contributing factors that may have
educated the severity: _____

Preventative or Corrective Actions

Describe the actions that will be taken to prevent recurrence if any: _____

Signature

Injured person print name : _____

Injured person sign name: _____

Date: _____