

1. Incident Information

Incident Date		Incident Time	
Location		Department / Area	
Exact Incident Location			
Reported By		Job Title / Position	

2. People Involved

Name	Role	Department / Company	Contact Number

3. Incident Summary

Brief Description of the Incident	
Immediate Actions Taken	

4. Incident Classification (Campus Incident)

Event Type

- ☐ Student Injury / Illness
 ☐ Faculty / Staff Incident
 ☐ Visitor / Contractor Incident
- ☐ Property Damage / Vandalism
 ☐ Security / Behavioral Issue
 ☐ Chemical / Lab Spill

Campus Location

- ☐ Classroom / Lecture Hall
 ☐ Laboratory / Workshop
 ☐ Dormitory / Housing
- ☐ Cafeteria / Dining
 ☐ Sports / Recreational Facility
 ☐ Parking / Outdoor Area

Immediate Impact

- ☐ Medical Assistance Provided
 ☐ Campus Security Dispatched
- ☐ Facility / Area Evacuated
 ☐ Law Enforcement Notified

5. Findings & Corrective Actions

Root Cause (or Primary Cause)			
Corrective Actions Recommended			
Preventive Actions			
Responsible Person		Target Completion Date	

6. Additional Notes

Observations, witness statements, supporting information, or supervisor comments

7. Review & Authorization

Role	Name	Signature	Date
Report Prepared By			
Super visor			
Safety Representative			