



Incident Report

Accident, Illness, Injury Report Form

46 S 1000 E - St George, Ut 84770
 Phone: 435-879-4242

Revised: 03-01-09

HR Office Completion: _____

Copy to Safety Committee: _____

Information about the Injured (To be Filled by Person Involved in Incident When Possible)

Full Name		Name of Parent/Guardian if Minor	
Date of Birth		Male () Female () Student () Guest () Employee ()	
Street Address			
City		State	Zip
Phone		Emergency Contact Phone Number	
Date of Incident	Date Reported	Reported to	
Nature and Extent of Injuries/Symptoms			

Information about Treatment

Was treatment given at site of incident? Yes () No ()	
Name of individual providing assistance	Type of assistance given
If treatment was given away from site of incident, where was it given? Facility Facility Address	

Information about Incident

What was the individual doing prior to the incident? Describe the activity, tools, equipment, or material being used.		
What happened? How did it occur? Example: "When ladder slipped on wet floor, person fell and hit elbow."		
What was the injury or illness? Describe the part of the body that was affected, how it was affected, be specific.		
Describe any object or substance involved that directly related to the injury of the individual. If this question does not apply, put N/A.		
Exact Location of Incident	Date and Time	
Witnesses, List names, addresses and phone numbers (use reverse side if necessary)		
Did any property damage occur? Please describe.		
Did Law Enforcement Officer investigate at the scene of the incident? Yes () No ()		
Name of Office	Department	
Report Completed by (Print name)	Position	Phone
Signature		
Reviewed by	Safety Team Review Date	