

Non-Work Related Incident

Date of incident

Month Day Year

Time of incident

Hour Minute
 s

Location of incident

Type of premises

Construction Site
Hallway
Lobby/Entrance
Office/Classroom
Parking Lot
Sidewalk
Stairway
Street

Premises condition

Dry
Icy
Snowy
Wet

Describe what happened. . (Be specific and provide as much detail as possible)

Did the incident occur during a University sanctioned event (i.e. classroom activity, field trip, University event, etc.)?

Yes
No

Was the incident reported to SUU Police or other police department?

Yes
No

Did the incident result in an injury?

Yes
No

Did the incident result in University property damage?

Yes
No

Did the incident result in personal property damage?

Yes
No

Person Completing This Form

Name

First Name Last Name

Phone Number

Area Code Phone Number

E-mail

Date

Month Day Year

This form will be reviewed by SUU Safety & Risk Management with recommendations for any internal actions. This can include the following: Accident investigation, insurance notification, corrective actions, etc.