This form should be used to document any accident or incident that may have resulted in injury or property damage that occurs on University property or any University sponsored event (on or off campus). This form does not supersede the need for faculty or staff to complete a First Report of Injury by calling 1-800-633-1197 to initiate a Workers Compensation claim.

**TYPE OF INCIDENT:** (circle one) Accident  Hazardous Material Spill/Release  Fire  Other __________

**THIS REPORT INVOLVES A:** (circle all that apply) Student  Faculty  Staff  Visitor  General Public

**INDIVIDUAL ASSIGNED TO** (circle one) Pittsburgh  Johnstown  Greensburg  Bradford  Titusville  Pymatuning  Plum  RIDC  Off Campus

**INJURED’S NAME (please print):** ________________________________________________________________

**HOME ADDRESS:** _______________________________________________________________

**BEST PHONE NUMBER:** ______/______/_______

**DATE OF ACCIDENT/INCIDENT:** ______/_____/______. **TIME OF DAY:** _________AM / PM

**WHERE DID THE ACCIDENT / INCIDENT OCCUR?**

Building ____________________Floor_______ Room______

**Event (IF APPLICABLE) _________________________________________________________________

**DESCRIBE THE ACCIDENT / INJURY / INCIDENT:** (Describe clearly what took place. Include the materials, vehicles, equipment, processes, buildings and people involved.)

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

**MEDICAL TREATMENT AND PROVIDER:** (for accident only)

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________
IF A SPILL/RELEASE WAS INVOLVED: (circle all that apply) Chemical  Biological  Radioactive

Chemical or biological agent name(s): ________________________________________________________________

Approximate quantity: ____________________________________________________________________________

Did spill reach (circle all that apply) floor drain  storm sewer  exterior soil

Who remediated the spill/release? ________________________________________________________________

Method of clean-up: _____________________________________________________________________________

Was a Hazardous waste generated by clean up activities? _____________________________________________

Who was notified? ______________________________________________________________________________

IF A FIRE WAS INVOLVED:

Who discovered? ______________________________________________________________________________

Materials involved: _____________________________________________________________________________

Source of Ignition: _____________________________________________________________________________

Who extinguished (Instructor, Student, Police, Fire Department...)? ________________________________

Extinguishing mechanism (fire extinguisher, sprinkler system, fire hose...): __________________________

Was fire alarm system activated? __________________________________________________________________

Extent of damage: ______________________________________________________________________________

IMMEDIATE CAUSES: (Actions/conditions that contributed most directly to this accident/incident.)

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

WHAT ACTION HAS BEEN OR WILL BE TAKEN TO CORRECT THE HAZARDOUS ACTS OR CONDITIONS
CAUSING THIS INCIDENT?

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Report Completed By: ___________________________________________ DATE__/__/____