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__________ Campus Grounds__________________

**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____/____/____