



Report of Accident / Incident

Send completed report by the end of the day to Michi Dubes, Emergency Preparedness Manager, Campus Safety, Parking Garage, room 132 or by email to mdubes@ben.edu.

Check one regarding the person involved:

Student Student Worker Faculty Staff Other

Name:	Campus Phone:
If student or other, provide phone number:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

ACCIDENT/INCIDENT INFORMATION

Date of Accident/Incident:	Time of Accident/Incident: <input type="checkbox"/> AM <input type="checkbox"/> PM
Time employee started work the day of the Accident/Incident:	
Job Title:	Department:
Location of Accident/Incident (i.e., Building name, room number, sidewalk east side of Birck):	
If the employee died as a result of the Accident/Incident, give the date of death:	
If injured off campus, was the activity University Sponsored? <input type="checkbox"/> Yes <input type="checkbox"/> No	Activity:
Describe the Accident/Incident:	
What object or substance, if any, directly harmed the employee?	
Body Part Affected: <input type="checkbox"/> Right <input type="checkbox"/> Left Describe:	Was the Accident/Incident due in any way to defective equipment and/or materials or neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
Witness Name: Witness Phone Number:	Witness Name: Witness Phone Number:

Signature of Injured Person:	Date:
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Signature of Employee Supervisor:	Date:
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