

CLEMSON UNIVERSITY LEARNING INSTITUTE INCIDENT/ACCIDENT REPORT

Group: _____
Policy #: _____

Select one: ☐ Employee ☐ Program Participant ☐ Student ☐ Property/Other: _____

Date of incident: _____ Time of incident: _____ am / pm Reporter: _____

Personal Data of Involved Party

Name: _____ Date of Birth: _____ Circle: Male / Female

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Secondary Phone: _____

Emergency Contact (Name/Phone): _____ Were they contacted: Yes / No

Incident/Accident Data

Program/Activity: _____ Person in charge during incident: _____

Location of incident: _____ Equipment Involved: _____

Detailed description of incident: _____

Other staff involved: _____

Name and phone of other witness: _____

Address: _____ City: _____ State: _____ Zip: _____

Was the incident reported to security/police? Circle: Yes / No Officer's Name: _____

Name of Police Department responding: _____

Injury/Illness Information

Was injury sustained? Circle: Yes / No Describe injury or illness: _____

Was EMS called? Circle: Yes / No When called? _____ am / pm When arrived? _____ am / pm

Was victim transported to a medical facility? Circle: Yes / No Name of medical facility: _____

By EMS or other vehicle (if other, by whom)?: _____

List anyone else that was notified of incident: _____

Action Taken

Name of staff member(s) who responded to situation: _____

Describe actions taken (including any corrective measures): _____

Director's Signature: _____ Time: _____ Date: _____

Email completed report to Director of Administrative Services and Director of Risk Management within 24 hours.