



DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY

Risk and Insurance Services

1200 Carothers

Tallahassee, Florida 32306-4481

Email: ehs@fsu.edu Web: safety.fsu.edu

Phone: 850.644.6895 Fax: 850.644.8842

INCIDENT REPORT

THE PURPOSE OF THIS REPORT is to provide information which can be used to prevent similar incidents in the future. All incidents that required first aid or medical treatment should be reported to EHS. Forward the completed form to ehs@fsu.edu.

Information of Injured Person

Name: (Last, First, Middle Initial)	Address:	Phone Number:

Incident Information

Date and Time of Incident:

Location of Incident: *Provide a detailed description of where the incident occurred.*

Incident Description: *Describe fully the events and conditions including where the incident occurred, how it happened, and exactly what you were doing when injured.*

Property Damage: *If you wish to seek recovery for a loss associated with property damage, please see the Office of Risk and Insurance Services' website at www.safety.fsu.edu for additional instructions.*

Injuries Sustained: *Describe in detail any and all injuries sustained*

Law Enforcement Involvement: Yes No
Type: FSU Police Dept. Sheriff's Dept.
 TPD FHP
Report # (if available) _____

Medical Information *if treatment provided*

First Aid only – not at hospital or by doctor
 Treatment at the University Health Center, Hospital, or medical personnel
 Confinement at hospital or in residence
 Other (please specify) _____

Report Prepared by

Name (please print)	Signature	Date
Phone		