



Reid State Technical College Hazard/Incident Report

A. Person Completing Report

First Name:		Last Name:	
Job Title:		Telephone:	
Email:		Faculty/Division	

B. Incident Details

Incident Type:	<input type="checkbox"/> Incident wth Injury <input type="checkbox"/> Incident without Injury <input type="checkbox"/> Illness <input type="checkbox"/> Hazard <input type="checkbox"/> Fire <input type="checkbox"/> Auto Accident <input type="checkbox"/> Criminal Act <input type="checkbox"/> Violence <input type="checkbox"/> Fatality <input type="checkbox"/> External Incident <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Other
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Involved Person Role:	<input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor <input type="checkbox"/> Other
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First Name:		Last Name:	
Email:		Telephone:	
Address:			

Description of Incident/Hazard:

Date of Incident/Hazard:		Time of Incident/Hazard:	
Date/Time Reported:		Reported To:	
Campus:		Building:	Room:
Specific Location:			

C. Injury Detail - Only Complete if Injury Occurred. If No Injury, Move to Section D

Level of Treatment:	<input type="checkbox"/> Report Only <input type="checkbox"/> First Aid <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Emergency Transport
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Name of First Aid or Treatment Provider:	
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Nature of Injury:	<input type="checkbox"/> Cut <input type="checkbox"/> Bruising <input checked="" type="checkbox"/> Eye Injury <input type="checkbox"/> Burn <input type="checkbox"/> Crush <input type="checkbox"/> Dislocation <input type="checkbox"/> Amputation <input type="checkbox"/> Puncture <input type="checkbox"/> Other
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Body Part/Side/Location:			
Description of Illness or Injury:			
D. Causal Analysis			
Root Cause		Details	
<input type="checkbox"/> Lack of or inadequate equipment			
<input type="checkbox"/> Lack of or inadequate procedures/instructions			
<input type="checkbox"/> Lack of or inadequate training			
<input type="checkbox"/> Lack of or inadequate Management/Supervision			
<input type="checkbox"/> Inappropriate or inadequate work environment			
<input type="checkbox"/> Inappropriate actions and/or behavior			
<input type="checkbox"/> Lack of or inadequate management system			
<input type="checkbox"/> Other			
E. Corrective Actions			
		Completion Date:	
		Completion Date:	
		Completion Date:	
		Completion Date:	
		Completion Date:	
		Completion Date:	
		Completion Date:	
F. Approvals/Signatures			
Person Completing Report:		Date:	
Safety Committee Chair:		Date:	
Division Chair:		Date:	
President:		Date:	

Copies of this report should be made available to safety committee personnel for review and further action if necessary.			