



Incident Report Form

This form should be used to report any of the following; injury/illness to students or visitors; environmental accidents (an accident in which a harmful substance is released into the environment); fires; laboratory spills / incidents; non-vehicular accidents; or any unsafe conditions/ acts observed on campus. If an employee injury has occurred, do not complete this form, instead complete an Employer's First Report of Accident Form and submit to Human Resources and Payroll, Workers' Compensation Office (MS 3C3).

| SECTION 1 - REQUIRED INFORMATION (Individual reporting the incident) | | | | |
|--|--|---------------------------------------|----------------------------|--|
| First Name | Last Name | | Email | |
| | | | | |
| Address (Home or Work) | | | | |
| | | | | |
| Phone | Date Reported (MM/DD/YYYY) | | | |
| | | | | |
| Status: Student Fac | culty Staff Visitor | Contractor | | |
| SECTION 2 - INCIDENT INFORMATION | | | | |
| Date of the Incident (MM/DD | O/YYYY) Time (HH:MM) C | ampus Location | | |
| | PM | | | |
| Type: Injury/Illness | Unsafe Condition Environme | ental Spill Fire | Laboratory Spill/Incident | |
| Non-Vehicular A | | | | |
| - | ne incident (Indicate conditions so could include their purpose for bei | · · · · · · · · · · · · · · · · · · · | ction, cleaning, etc. with | |
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| Name of Parties Involved and/or Witne | esses: | |
|--|-----------------------------------|---------------------------|
| | | |
| | | |
| | | |
| | | |
| SECTION 3: INJURY OR ILLNESS | | |
| Type: None Physical Injury | Occupational Illness F | otential Harmful Exposure |
| Injured Persons and Description of Inj | juries: | |
| | | |
| | | |
| | | |
| Treatment: None 1st Aid I | Emergency Medical Services | Personal Physician |
| Student Health Services | | Hospital (Admitted) |
| | | |
| SECTION 4: PROPERTY DAMAGE | /LOSS (NON-VEHICULAR) | |
| Damaged or Lost Items: |] II : ' : ' D | |
| None Personal Property Description of Demogras on Items Logst | University Property | sitama ara ingurad) |
| Description of Damages or Items Lost | (include approximate value il the | e nems are insured) |
| | | |
| | | |
| | | |
| Report Completed by: Same as Ab | oove or | |
| Name | Phone | Email |
| | | |
| Date Reported (MM/DD/YYYY) | | |
| | | |

Send reports to SEERM via email at safety@gmu.edu, fax 703-993-8996, or mail 4393 University Drive, MS 5E2. Fairfax VA, 22030