

ACCIDENT, INJURY OR ILLNESS - INITIAL INVESTIGATION REPORT

Date of Incident: _____ Time: _____ a.m. p.m.

Location of Incident: _____

Name of Injured: _____
Last name First name MI

Student Faculty Staff Vendor/Contractor Visitor/Guest

Student ID or Employee ID Number: _____ DOB: _____

Street Address: _____

Apt. / Unit No.: _____

City _____ State _____ Zip _____

Telephone: _____ Work/Cell Phone: _____

If Employee

Department/College: _____ Title: _____

Supervisor: _____ Ext.: _____

Reported by: UP Dispatch Supervisor OHR Other _____

Address: _____

Telephone: _____

Medical Assistance? Y N By: _____

Hospitalized? Y N Where? _____ Admission time: _____

Transported by: UP Officer Ambulance/Paramedics Other _____

Describe any injury/property damage:

General Description of Events:

Probable Cause/s:

Witnesses, name and telephone #:

	Statement Rec'd
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Initial Investigation Performed by:

<small>Print Name/Title</small>	<small>Signature</small>	<small>Date</small>

Safe Practice violation or Corrective Action? _____ *If yes, IIPP Form 5b must be completed within 15 days.*

Copies to: OHR SR&S Supervisor/Administrator