ACCIDENT, INJURY OR ILLNESS – INITIAL INVESTIGATION REPORT

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

Location of Incident:_____

Name of Injured:_____
Lname Fname MI

☐ Student ☐ Faculty ☐ Staff ☐ Vendor/Contractor ☐ Visitor/Guest

Student ID or Employee ID Number:_____

Street Address:_____

Apt. / Unit No.:_____

City_____State_____Zip_____

Telephone:_____**Work/Cell Phone:**_____

If Employee

Department/College:_____

Supervisor:_____ Ext.:_____

Reported by: ☐UP Dispatch ☐Supervisor ☐ HR&EO ☐Other_____

Address:_____

_____**Telephone:**_____

Medical Assistance? ☐ Y ☐ N By:_____

Hospitalized? ☐ Y ☐ N Where?

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**

_____ ☐

_____ ☐

_____ ☐

Initial Investigation Performed by:

_____
Print Name/Title Signature Date

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

Copies to: ☐HR&EO ☐SR&S ☐Supervisor/Administrator