



Date of Incident: _____
MM/DD/YYYY

Time: _____ AM PM

Incident Report

People Soft Number _____

Name: _____
Last First M.I. Gender

Date of Birth: ____/____/____ Age: ____ Student Faculty/Staff Guest

Phone: _____ Email: _____

Dorm/On-Campus Residence: _____ Off-Campus Residence N/A

Facility:

- Baierl Rec. Center Fitzg. Field House Trees Fitness Center Pitt Sports Dome (inside)
- Bellefield Hall Trees Pool WPU Pitt Sports Dome (outside front/back)
- Cost Center Climbing Wall Trees Hall Basketball Courts
- Other _____

Type of Activity: Recreational Intramural Sports Club Sports Class Personal Training

Nature of Incident:

- Skin Injury/Cut Choking Dizziness Suspected Head Injury
- Asthma Attack Fainting Nausea Sprain
- Bleeding Fracture Strain Seizure
- Cardiac Dislocation Heat Exhaustion Other

Body Part Injured (Check all that apply):

- Abdomen Ear (L/ R) Foot (L/ R) Mouth Tooth
- Ankle (L/ R) Elbow (L/ R) Hand (L/ R) Neck Toe (_____)
- Arm (L/ R) Eye (L/ R) Head Nose Wrist (L/ R)
- Back Face Knee (L/ R) Ribs Other
- Chest Finger (_____)
- Leg (L/ R) Shoulder (L/ R)

Immediate Action Taken:

- 1) Police Called Yes No
- 2) First Aid Administered Yes No Refused
- 3) EMS Arrive Yes No
- 4) Transported to Hospital Yes No

Signature Required if Refusing Aid

Staff Providing Care:

Name _____ Phone _____ Email _____

Witness to Incident:

Name _____ Phone _____ Email _____

Staff Completing Report:

Name _____ Phone _____ Email _____

Next →

*** Report and submit all incident reports to supervisor immediately**

Follow Up Questions

Detailed Account of Incident (Please include specific location):

Detailed Account of Care Provided:

Additional Comments: