

INCIDENT REPORT FORM

**THE UNIVERSITY OF AKRON
DEPARTMENT OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH AND SAFETY**

Date of the incident:	_____	Time of the incident:	_____
Location of the incident:	Building: _____	Room #: _____	Phone: _____
Incident reported by: (Print):	_____	Date: _____	Time: _____
Incident reported to: (Print):	_____	Date: _____	Time: _____

Description of the incident:	_____

List of people involved in the incident:	_____

Corrective action taken at the time of the incident:	_____		

Action taken to avoid future similar incidents:	_____		

Corrective action approved by (Print):	_____	Signature:	_____
Corrective action approved on:	_____	Corrective action implemented on:	_____
Safety Officer (Print):	_____	Signature:	_____
	_____	Date:	_____

Additional Comments:	_____
