



INCIDENT REPORT

The completed form must be returned to the Finance Office (ASA Bldg, Room 300) within 48 hours of the incident occurring.

Please print clearly, complete all sections and submit originals only.

Privacy: This information will be stored securely and only used or released in accordance with the College's Privacy Policy.

Report filled out by _____ [name]

Details of Involved /Injured Person

Name: _____

Occupation: _____ Male Female

Date of Birth: _____

Contact Phone: _____ Email: _____

Employee Student Other Employee/Student No.: _____

Faculty/Division: _____ Department: _____

Details of Incident

This incident was:

Personal Injury Property Damage Environmental Damage Near Miss

Exact Location of Incident:

HCC Campus _____ Other: _____

Building / Area: _____

Date: _____ Time: _____ am/pm

Incident Reported to: _____ Date Reported: _____



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Describe the task/processes being undertaken at the time of the incident and explain what happened and how the incident occurred. Note any chemicals/equipment involved. (Attach sketch/additional information if req.)

Describe the Personal Injuries and/or details of any damage to Property / Environment.

Was there a witness? No Yes

Name: _____ Phone: _____

Treatment Provided: None First Aid Doctor Hospital Other (specify)

Have you taken time off work as a result of this incident? Yes No

Signature of Person Involved:

Name _____ Signature _____ Date: _____

(If Person involved is unavailable, Witness signature required)



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Notification

Incident was notified to: Finance Security Police Other

If the incident is **SERIOUS** or a **SERIOUS NEAR MISS** contact the Finance Office on ext. 330.

If the incident was caused by a criminal act, have the Police been notified?

Yes No