

Casa Loma College Incident Report Form

Instructions: All college related incidents (employee, student, visitor) requires ALL sections to be completed by the Supervisor of the Employee. Immediately submit this form to Human Resources.

PERSONAL INFORMATION

Name: _____

Home Address: _____

City	State	Zip Code	Telephone
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INCIDENT INFORMATION

Injury Theft: _____ Damage: _____

Safety Concern Illness

Other: _____

Date of Incident: _____ Time of Incident: _____

Incident Occurred:

Inside Campus Building Clinical facility Outside Campus Property

Parking Lot Externship Site

Specific Location of Incident: _____

(Campus/Room Number/Parking Lot Area/Clinical Name/Extern Site Name)

Brief Description of Incident: (if an injury, 1) explain activities occurring when injury or illness occurred and what hazards, equipment, etc. were involved; 2) what happened to cause this injury or illness; 3) what was the illness or injury (i.e. part of body affected and how affected).
