

**ACCIDENT/INCIDENT REPORT FORM**

NAME \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_ TIME \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_ COURSE # \_\_\_\_\_

DESCRIPTION OF INJURY/INCIDENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOURCE OF EXPOSURE (ex. Blood, urine, CSF) including identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COULD THIS INCIDENT HAVE BEEN PREVENTED/WERE ANY SAFETY RULES VIOLATED?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WITNESSES \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

TREATMENT RENDERED \_\_\_\_\_

WAS PERSON REFERRED TO: NORRIS HEATH CENTER \_\_\_\_\_

COLUMBIA ST. MARY'S HOSPITAL \_\_\_\_\_

DATE REFERRAL \_\_\_\_\_ ATTENDING PHYSICIAN \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_

(SIGNATURE)

**PLEASE RETURN COMPLETED FORM TO BMS PROGRAM DIRECTOR.  
REPORT WILL BE PLACED IN THE STUDENT/EMPLOYEE FILE.**