

Incident Report Form – Students/Visitors*

*Injured faculty/staff should use Worker’s Comp Procedures and forms on NOVA’s HR website, under Benefits.

Submitted By:

Name Title Email Date of Report

PLEASE COMPLETE THIS FORM AND SUBMIT TO THE OFFICE OF RISK MANAGEMENT AT ORM@NVCC.EDU. SUBMIT ANY SUPPORTING DOCUMENTS OR PICTURES WITH THIS FORM.

1. Name: _____

Last

First

Middle

2. Age: _____ Gender: Male Female Student ID Number (if applicable): _____

3. Date of incident: _____ Time: _____

4. Status at time of accident: Student Visitor or Contractor Other _____

5. Supervisor or Instructor: _____
(Person, if any, directing activity at time of accident)

6. Specific location of incident: Campus: _____ Building and Room Number: _____

OR Outdoor Location: _____

7. Describe incident, activity engaged in at the time of incident, and type of injury and part of body involved:

SIGNATURE (INJURED PARTY)

- DATE -

8. The injured person did did not refuse assistance, such as first aid or transportation for medical treatment.

Additional Witnesses:

Printed Name Signature Phone Number

Printed Name Signature Phone Number

FOR OFFICE USE ONLY:

Follow up actions taken.

