

GVSU INCIDENT AND INJURY REPORT FORM

Type of incident (check all that apply):

	Injury		Chemical Spill		Fainting		Biological Exposure/Needle-stick
	Fire		Chemical Exposure		Allergic Reaction		Other:

Date:		Time:		Location:		Course & Section No.	
Was anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>				If "yes" was it a: Student <input type="checkbox"/> Employee* <input type="checkbox"/> Visitor <input type="checkbox"/>			
Name of Injured Person			Phone		Email		G Number
Address							

Supervising Faculty/Staff

Faculty/Staff Name:		Department:		Phone:	
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Describe the incident. (Include type of injury, likely cause of the incident, emergency response, and any follow-up actions or care provided.)

Were all safety precautions being followed correctly? Yes No (If no, describe below.)

Was 911 Called? Yes No

Additional Comments (How could this be prevented in the future? Recommendations for policy, procedure, or equipment changes?)

I certify that the above statements are true and accurate to the best of my knowledge:

Faculty/Staff _____ Date _____

Student _____ Date _____

*Individuals on GVSU payroll with injuries requiring medical attention must also complete a Grand Valley Workers Compensation and Injury Form. Contact Human Resources at 331-2215.

****RETURN COMPLETED FORM TO THE LAB SAFETY OFFICE - 322A PADNOS, ATTN: JIM SEUFERT****