



## Student Incident/Accident Report

Marywood University (MU) personnel and students are required to complete/file this report when a MU student is involved in an incident or accident. Students who are employees of MU (work study, graduate assistants, lab assistants, etc.) are required to fill out the [Employee Incident/Accident Investigation Report](#) located on the MU web in Human Resources online forms.

Report Date	Incident Date	Name/Title of Person Completing	Building/Room Number
<b>Name of Student:</b>			
<b>Home Address:</b>		<b>Primary Phone Number</b>	
<b>Local Address:</b>		<b>Secondary Phone Number</b>	
<b>Name of Witness:</b>			
<b>Home Address:</b>		<b>Primary Phone Number</b>	
<b>Local Address:</b>		<b>Secondary Phone Number</b>	
<b>Incident Time and Location:</b>			
<b>Was this incident related to an academic course or activity?</b> Yes      No <b>If yes, please specify.</b>			
<b>Describe the activity that led to the incident/accident:</b>			
<b>Did the incident/accident involve the following (check all that apply):</b> Equipment      Tools      Chemicals (If so answer questions in <b>Red</b> )      Other Please specify			
<b>What was the chemical's route of entry?</b>			
<b>At time of incident/accident was personal protective equipment assigned/used</b> ( <input type="checkbox"/> Yes or <input type="checkbox"/> No) <b>and were written procedure in place and followed?</b> ( <input type="checkbox"/> Yes or <input type="checkbox"/> No) <b>Explain.</b>			
<b>Was there any bodily injury?</b> <input type="checkbox"/> Yes <b>If yes, explain.</b> <input type="checkbox"/> No			
<b>Was there a pre-existing medical condition that contributed to the incident?</b> <input type="checkbox"/> Yes <b>If yes, explain.</b> <input type="checkbox"/> No			
<b>Was Campus Safety contacted?</b> ( <input type="checkbox"/> Yes or <input type="checkbox"/> No)			
<b>Was Student Health Services contacted?</b> ( <input type="checkbox"/> Yes or <input type="checkbox"/> No)			
<b>If yes, how was the student transported to Student Health Services? Please specify.</b>			
<b>Was first aid administered?</b> ( <input type="checkbox"/> Yes or <input type="checkbox"/> No)			
<b>If yes, where was it administered?</b> ( <input type="checkbox"/> At the site of injury <input type="checkbox"/> In Student Health Services <input type="checkbox"/> ER <input type="checkbox"/> Urgent Care Center <input type="checkbox"/> other) <b>Explain.</b>			
<b>Probable cause of incident/accident? Explain.</b>			

**Corrective action taken: Explain.**

\_\_\_\_\_  
Signature of person(s) involved in incident:

\_\_\_\_\_  
Signature of supervisor or faculty member:

Supervisor will scan completed/signed report and email to:

Director of Health Services

Business Office – Manager of Fiscal Operations

Scanned completed/signed report has also been emailed to (check all that apply):

Chemical Hygiene Officer  
Supervisor:

Department Chairperson/Dean of College  
Other: