INCIDENT REPORT

The Catholic University of America

Date of Report: _____

Person Reporting Incident:

Name (Please Print): _____ Signature: _____

Title: _____ Department: _____ Phone Number: _____

Type of Incident (injury, fire, material spill, etc.): _____

Location of Incident: _____

Date and Time of Incident: _____

Injuries? ____ If Yes, Describe: _____

Property Damage? ____ If Yes, Describe: _____

Persons notified: _____

Describe what happened and what actions were taken (attach additional sheets as necessary):

Actions taken to make sure this does not happen again:

Please forward completed report to Environmental Health & Safety. E-mail: ensf@cua.edu; FAX: 202-319-4446.