



West Virginia University  
Robert C. Byrd Health Sciences Center

## HSC Safety Office Incident Report Form

Please complete this form when an incident or “near miss” having the potential of causing injury or property damage has occurred at the Health Sciences Center (HSC). If you have any questions or concerns, please contact the HSC Safety Office at (304) 293-6924. In the event of an employee injury or illness please complete the WVU Supervisor’s Injury and Illness Report form located <http://www.hsc.wvu.edu/safety/main.html>

<b>Please mail to:</b>	<b>Contact Information:</b>
HSC Safety Office Health Sciences Center North PO Box 9004 Morgantown, WV 26506	HSC Safety Office G-139 HSN Tel: (304) 293-6924 Fax: (304) 293-8611
<b>Name of Person Reporting Incident:</b>	
<b>Job Title:</b>	
<b>Department:</b>	
<b>Telephone Number:</b>	
<b>Email Address:</b>	
<b>Mailing Address:</b>	
<b>Signature:</b>	
<b>Date:</b>	

<b>Date of Incident:</b>	
<b>Time:</b>	
<b>Location:</b>	
<b>Names of Other People Involved:</b>	
<b>Please describe the incident or “near miss.” (Include the conditions present, i.e. weather, physical, mechanical, etc.)</b>	

<b>Was the West Virginia University Police Notified of the Incident?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Date</b>	
<b>Time</b>	

<b>Any Injuries Sustained?</b> (Please describe injuries)	
<b>Did the Person Injured Receive Medical Treatment?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Where?</b>	
<b>When?</b>	
<b>Were There Any Witnesses?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Please Provide Name(s) of Individual(s) with Contact Information</b> (Telephone number, email, address)	

If property was damaged, please complete the following information:

<b>Equipment/Property Damaged:</b>	
<b>Serial Number:</b>	
<b>Location:</b>	

**\*\*Please retain a copy of this form and then mail, fax, or drop off this form to the HSC Safety Office\*\***