

UHS Student Incident Reporting Form for EHS

**If this incident occurred to a student employee - refer to Occupational Health*

Date of Incident:

Submitter:

Student's Name (optional):

Cell Phone (optional):

Email (optional):

Approximate Time (if known):

AM

PM

LOCATION OF INCIDENT

Building or Near:

Room (if known):

Class (if applicable):

INCIDENT TYPE

Food Illness

Name of Establishment:

Already Reported to Health Dept. Yes No

Lab Injury

Personal Protective Equipment Worn:

Agents Involved:

Other Injuries:

Description of Incident:

Route form to UHS Quality and Safety Coordinator

On-line EHS Form Completed- Date:

Questions: Contact EHS (512) 471-3511