

**SAFETY AND RISK INCIDENT REPORT
UH VICTORA/SUGAR LAND/CINCO RANCH**

This Incident Report form should be used to report safety, health, and environmental incidents, risk management or security related incidents including medical emergencies, injuries, burglaries, thefts, vandalism, suspicious activity, threats, etc. Please complete the report within 24 hours of an incident and submit to the Safety and Risk Manager, University West Building, Business Services Department, Safety Office, Room 107E. Information from Incident Reports is used for University advisories, trend awareness and state and federal reporting requirements.

Name: _____
Last
First
Date of Incident

Home address or department: _____

Mark one: Employee Student Other Telephone (____)____ (Home) Telephone (____)____ (Work)

Location of incident _____ Time of incident _____

Were injuries involved? _____ Yes _____ No Describe _____

For employee injuries or illnesses, has the Human Resources Claims Coordinator been contacted? Yes No Describe Incident.

List witnesses: _____

If applicable: License plate no. _____ Type of vehicle _____

Was 911 called? Yes No Who responded? _____

Was EMS transport necessary? Yes No N/A Was treatment refused? - Yes - No - N/A

Incident reported completed by: _____ Date: _____
Print name

Office Use Only:				
Notifications: (if applicable)	Yes	N/A	Name	Comments:
HR Claims Coordinator	<input type="checkbox"/>	<input type="checkbox"/>		
Administration	<input type="checkbox"/>	<input type="checkbox"/>		
General Counsel	<input type="checkbox"/>	<input type="checkbox"/>		
Director of Business Services	<input type="checkbox"/>	<input type="checkbox"/>		
Safety & Risk Manager				
Campus Security	<input type="checkbox"/>	<input type="checkbox"/>		
Police/Case#	<input type="checkbox"/>	<input type="checkbox"/>		
Security Log	<input type="checkbox"/>	<input type="checkbox"/>		
Facilities Services				
Other				