Angelina College
Incident Reporting Form

Information			
Name:		Date:	
Age:		Time:	
Incident Location:		Contact Number:	
Status:	☐Employee ☐ Student ☐Visitor	Contact Number:	

Type of Incident					
☐	Chemical Exposure	☐	Blood Borne Exposure	☐	Violation of Safety Rules
☐	Physical Injury	☐	Other:		

Details	
Nature of Incident:	
Action Taken:	
Follow Up:	

Acknowledgement	
Signature:	*Date:*
Witness Signature:	*Date:*
Signature of Person filing form:	*Date:*

Please mark location of injury on diagram. ☐ Left ☐ Right

Statements reported by injured person:_____

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Observations made regarding injury:_____

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