

Clemson University Occupational and Environmental Safety
Incident Report Form

Part 1: Personal Identification (Involved Party)					
Name (Last, First)		Phone Number		Clemson Email Address	
CU Status:		Student	Grad Student	Faculty	Staff Other:
Supervisor Information (Involved Party)					
Name (Last, First)		Phone Number		Clemson Email Address	
Department					
Part 2: Incident Description					
Date of Incident		Time of Incident		Location of Incident (Street Address or Bldg. name, Room #)	
		AM PM			
Incident Type:		Exposure	Injury	Near Miss	Vehicle
Property Damage					
Involved Chemicals:		Yes No			
Injured Body Part (select all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Head Face Eye Arm </div> <div style="width: 45%;"> Hand Torso Leg </div> </div>		Description of Injury/Illness (nature of injury/illness & body part, e.g. severe cut on left thumb):			
Incident Details				Witness Name(s)/Ph. #(s)	
1. Activity being performed at time of incident:					
2. Step-by-step events leading up to incident.					
3. Equipment/tools/chemicals involved:					
4. Suspected cause of incident:					
5. Other relevant details:					
Medical Evaluation: Conducted by Redfern Sullivan Center Off Campus Clinic Name: Off Campus Emergency Room Name: Deemed unnecessary by injured party			Date of initial medical evaluation: Name & Phone number of treating physician:		

Clemson University Occupational and Environmental Safety Incident Report Form

Part 3: Actions Taken

Action taken by personnel
(spill cleanup (describe time frame, materials used, PPE used, etc.), first aid, emergency drenching for body/eye contact):

911 Called:	Yes	No
-------------	-----	----

Room Evacuated:	Yes	No	Evacuation length:
-----------------	-----	----	--------------------

Building Evacuated:	Yes	No	Evacuation length:
---------------------	-----	----	--------------------

Did anyone re-enter the evacuated area before authorized?	Yes	No	N/A
---	-----	----	-----

If Yes, list name(s) and give details:

Supervisor present at time of incident:	Yes	No
---	-----	----

Corrective action taken or recommended:

Any additional information (pictures taken, evidence collected)

Involved Party Name*	Date
----------------------	------

or

Person Reporting Incident Name* Date

Supervisor Name* _____ Date _____

**Submitting this form does not constitute acceptance or assignment of individual fault*

A copy of this report must be sent to Occupational and Environmental Safety (oeshelp@clemson.edu). A copy of this report must also be retained in departmental files.