

Non-Work Related Incident

Date of incident

____	____	____
Month	Day	Year

Time of incident

____	____
Hour	Minute
	s

Location of incident

Type of premises

Construction Site

Hallway

Lobby/Entrance

Office/Classroom

Parking Lot

Sidewalk

Stairway

Street

Premises condition

Dry

Icy

Snowy

Wet

Describe what happened. . (Be specific and provide as much detail as possible)

Did the incident occur during a school sanctioned event (i.e. classroom activity, field trip, school activity, etc.)?

Yes

No

Was the incident reported to police department?

Yes

No

Did the incident result in an injury?

Yes

No

Did the incident result in University property damage?

Yes

No

Did the incident result in personal property damage?

Yes

No

Person Completing This Form

Name

____	____
First Name	Last Name

Phone Number

____	____
Area Code	Phone Number

E-mail

Date

____	____	____
Month	Day	Year

This form will be reviewed by Vista School administration with recommendations for any internal actions. This can include the following: Accident investigation, insurance notification, corrective actions, etc.