

INCIDENT REPORT FORM

UNIVERSITY OF RHODE ISLAND PHYSICAL THERAPY PROGRAM

DATE: _____ LOCATION OF INCIDENT: _____
TIME: _____

NAME(S) OF PERSON(S) INVOLVED IN INCIDENT OR INJURED:

(INCLUDE IDENTIFICATION AS STUDENT, FACULTY, VISITOR, ETC. AND DEPARTMENT OR AGENCY AFFILIATION)

DETAILS AND DESCRIPTION OF INCIDENT, INJURY, DAMAGE TO PROPERTY:

(CONTINUE ON OPPOSITE SIDE IF NECESSARY)

WITNESSES AND ADDRESSES, PHONE:

IMMEDIATE ACTION TAKEN, BY WHOM, RESULTS OF ACTION:

RECOMMENDED FOLLOW-UP ACTION TO BE TAKEN, BY WHOM, WHEN:

WHAT CAN BE DONE IN THE FUTURE TO PREVENT SUCH AN INCIDENT FROM HAPPENING AGAIN:

THIS REPORT WAS PREPARED BY: _____
ADDRESS AND PHONE: _____

SIGNATURE OF PERSON INVOLVED:	_____	DATE	_____
SIGNATURE OF PERSON REPORTING:	_____	DATE	_____
SIGNATURE OF WITNESS:	_____	DATE	_____
SIGNATURE OF FACULTY CONTACTED:	_____	DATE	_____
SIGNATURE OF PROGRAM DIRECTOR:	_____	DATE	_____

PROGRAM ACTION: _____
