

WHITMAN COLLEGE
INCIDENT REPORT

Location: _____

Date: _____ Time of Incident: _____

Description of Incident: _____

Name(s)/ Address of persons involved: _____

Witness: _____ Phone # _____

Recommendation to Prevent Re-Occurrence: _____

Report Filed By: _____ Date: _____

THIS FORM TO BE USED FOR NON EMPLOYEE ACCIDENTS OR INCIDENTS
RETURN COMPLETED FORM TO THE SAFETY COORDINATOR