

CORNELL COLLEGE INCIDENT REPORT FORM

Please submit this form to the Business Services Office within 24 hours.

Incident Date:		Time: a.m. / p.m.	
Name of Person Affected:		Cornell Student? Yes No	
School Year Address/Email:		Primary Phone #:	
Location:		Injury? Yes No	
Type of Walkway (floor, ramp, stairs, sidewalk, street):		Surface Conditions (wet, dry, icy, snow-covered, sand, etc.):	
Weather Conditions (if outdoors):		Lighting Conditions (sunlight, artificial, dark, glare, etc.):	
DESCRIPTION OF INCIDENT	What happened?		
	<i>(continue on back if needed)</i>		
Injury(ies):			
First aid rendered and by whom?			
Transported to a hospital? Yes / No Hospital name and city:			
Mode of transport:			
INCIDENT'S CAUSE(S)	Why did the incident occur?		
CORRECTIVE ACTION REQUIRED	What corrective actions are required to prevent a recurrence of this type of incident?		
Report completed by:		Date:	
Phone #		Time:	
Report reviewed by faculty/staff group advisor:		Date:	
Phone #		Time:	