



## Incident Report Form

This form should be used to report any of the following; injury/illness to students or visitors; environmental accidents (an accident in which a harmful substance is released into the environment); fires; laboratory spills / incidents; non-vehicular accidents; or any unsafe conditions/ acts observed on campus.

### SECTION 1 - REQUIRED INFORMATION *(Individual reporting the incident)*

**First Name**

**Last Name**

**Email**

**Address (Home or Work)**

**Phone**

**Date Reported (MM/DD/YYYY)**

**Status:**  Student  Faculty  Staff  Visitor  Contractor

### SECTION 2 - INCIDENT INFORMATION

**Date of the Incident (MM/DD/YYYY)**

**Time (HH:MM)**

AM  
PM

**Campus Location**

**Type:**  Injury/Illness  Unsafe Condition  Environmental Spill  Fire  Laboratory Spill/Incident

Non-Vehicular Accident  Other:

**Description and cause of the incident** (Indicate conditions such as weather, construction, cleaning, etc. with your explanation. Visitors should include their purpose for being on campus)



Name of Parties Involved and/or Witnesses:

**SECTION 3: INJURY OR ILLNESS**

Type:  None  Physical Injury  Occupational Illness  Potential Harmful Exposure

Injured Persons and Description of Injuries:

Treatment:  None  1<sup>st</sup> Aid  Emergency Medical Services  Personal Physician  
 Student Health Services  Hospital (Outpatient)  Hospital (Admitted)

**SECTION 4: PROPERTY DAMAGE/LOSS (NON-VEHICULAR)**

Damaged or Lost Items:

None  Personal Property  College Property

Description of Damages or Items Lost (include approximate value if the items are insured)

Report Completed by:  Same as Above or

Name

Phone

Email

Date Reported (MM/DD/YYYY)

**Send reports to Risk Management via email at [safety@bmcc.edu](mailto:safety@bmcc.edu), or  
mail to BMCC 12214 W Lakeshore Dr, Brimley, MI 49715**