

## Appendix F

### UMass Amherst Elaine Marieb College of Nursing Incident Report Form

**Directions:** This form should be completed by both the student and faculty member within 24 hours after an incident occurs and should be submitted to the Executive Associate Dean for Academics, Research and Engagement upon completion.

Today's Date: \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Student's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Faculty Member's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

1. Briefly describe the incident (who was involved, who was present, who was notified, what happened when, where).
2. List any testing/treatment that were provided.
3. Identify any follow-up which is planned, or which was recommended.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Name of Witness (If present): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

FOR OFFICE USE ONLY:

Environmental Health and Safety Office notified: Date: \_\_\_\_\_ Follow/Up

Remediation Plan: Actions taken:

Completion Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_