## BLINN COLLEGE
### INCIDENT REPORT

### IDENTIFICATION

<table>
<thead>
<tr>
<th>SEX</th>
<th>AGE</th>
<th>TIME LOST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

### INCIDENT DATE

- Date:__/__/____
- AM/PM

### INCIDENT DAY OF WEEK

- Mon: No
- Tues: No
- Wed: No
- Thurs: No
- Fri: No
- Sat: No
- Sun: No

### LOCATION OF INCIDENT

<table>
<thead>
<tr>
<th>Campus</th>
<th>Building</th>
<th>Incident Type</th>
<th>Nature of Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DESCRIPTION OF INCIDENT

(Include injury and material damage experienced, and corrective action taken, if any, to prevent recurrence):

- Reported by: ____________________________

### EQUIPMENT INVOLVED

<table>
<thead>
<tr>
<th>MANUFACTURER</th>
<th>MODEL &amp; SERIAL NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### INCIDENT INVESTIGATED BY

- Title: ____________________________
- Date: ____________________________

### INCIDENT CAUSES

(If more than one cause, check predominating one and describe others in lower part of report):

- Lack of ____________________________
- Incorrect ____________________________
- Ineffective ____________________________
- Motivation ____________________________

### RISK MANAGEMENT REVIEW AND FOLLOW-UP

- Risk Manager’s Signature: ____________________________
- Review Date: ____________________________