



UNIVERSITY
OF WYOMING

College of Health Sciences
Fay W. Whitney
School of Nursing

INCIDENT REPORT

REPORTED BY: _____ DATE OF REPORT: _____

TITLE / ROLE: _____ INCIDENT No.: _____

INCIDENT INFORMATION

NAME OF PERSON INVOLVED: _____ NURSING PROGRAM: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

LOCATION: _____ SPECIFIC AREA OF LOCATION: _____

ADDITIONAL PERSON(S) INVOLVED: _____

WITNESSES: _____

INCIDENT DESCRIPTION:

DESCRIPTION OF UNACCEPTABLE / UNSAFE BEHAVIOR OR CONDITIONS (IF APPLICABLE):

RESULTING ACTION EXECUTED OR PLANNED:

NAME OF PERSON INVOLVED _____ SIGNATURE: _____ DATE: _____

NAME OF REPORTING PERSON: _____ SIGNATURE: _____ DATE: _____

NAME OF FWWSO OSHA OFFICER: _____ SIGNATURE: _____ DATE: _____

DIRECTIONS FOR COMPLETION OF FORM

1. Incident Report form is completed by the person reporting the incident at the time of the incident.
2. Please print or type, making sure all appropriate information is included.
3. **Incident No.:**
Completed by the FWWSO OSHA Officer.
4. **Name of Person Involved:**
Name of student and/or faculty member involved, not the patient/client that may have been involved.
5. **Nursing Program:**
Basic BSN, BRAND, BSN Completion, MS, or DNP
6. **Incident Description:**
Accurately describe the incident within shaded area provided.
7. **Description of Unacceptable/Unsafe Behavior or Conditions:**
As applicable, include any unacceptable/unsafe behaviors or conditions within shaded area provided.
8. **Resulting Action Executed or Planned:**
Completed in collaboration with involved individuals.
9. Upon completion of the form and all signatures obtained, the form should be returned to the **FWWSO OSHA Officer**.