Environmental Health & Safety

Incident Report



INFORMATION 1-13							
1.Victim's Name (Firm Name if Business) LAST, First, Middle			2. Social Security No. or TU ID#				
3. Address City - State - Zip Code			4. Telephone				
5. Employer/School or Local Address				6. Employe	er/School/Loc	cal Phone Number	
7. INCIDENT			8. Date and Time Occurred AM PM				
9. Location of Incident Address	10. Hospitaliz	zed? No	11. Transported to Hospital? You Hospital Name: Transported By:			es No	
12. Injuries/Illness Sustained				13. Work Related Yes No			
ADDITIONAL INFORMATION - WITNESSES 14-21 14. Name (Last, First, Middle)	l .					15. Home Phone	
16. Address						17. Business Phone	
18. Name (Last, First, Middle)						19. Home Phone	
20. Address						21. Business Phone	
22. NARRATIVE: 1) Continuation of above item(s) - (indicate item no.) (2) Describe details of incident							
23. Victim's Signature			24. Date Su	uhmittad			
23. vicini s Dignature			24. Date St	aomiticu			

25. NARRATIVE (CONTINUED)	

Environmental Health & Safety is located in the Public Safety Bldg. Please complete the Incident Report (signature required) and return the form to EH&S. Address: Towson University; Department of Environmental Health & Safety; 8000 York Road; Towson, MD 21252/fax 410-704-2993. For information on how to file a claim with the State Treasurer's Office, contact the Insurance Administrator, Department of Environmental Health & Safety 410-704-6377.