

Oklahoma Baptist University
College of Nursing
INCIDENT REPORT

Instructions: Please complete form in its entirety. Save completed document to your desktop, attach to your email, and submit to nursing@okbu.edu.

Student Name:	ID #
Local Address:	Phone:
Home Address:	
Time Accident Occurred:	Date:
Place of Accident:	Number of People Involved:

PART OF BODY INJURED:	NATURE OF INJURY:
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DEGREE OF INJURY:

DESCRIPTION OF THE ACCIDENT: How did the accident happen? What was the student doing?

Faculty/Preceptor in charge when incident occurred:

Present at scene of accident: YES NO

IMMEDIATE ACTION TAKEN:

By:

*If applicable, please specify Physician or Hospital:

Was a parent or other individual notified? YES NO

Date: Time: How:

Name of individual(s) notified: By whom:

Witnesses:

Name: Phone:

Address:

Name: Phone:

Address:

What recommendations do you have for preventing accidents of this type?

Student Signature

Date:

Faculty Signature

Date:

Dean Signature

Date:

By typing your name above, you are electronically signing this document.