

# ***Student Clinical Incident Report Form***

**Directions:** This form should be completed by student within 24 hours or as soon as possible after an incident occurs; and should be submitted to the supervisor. The supervisor should add any additional information in the form of attachments and submit to Risk Management as soon as possible.

Campus, Department and Program \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Place Incident Occurred (specify facility and unit/department): \_\_\_\_\_

Incident Description: \_\_\_\_\_

Person(s) involved in the Incident: \_\_\_\_\_

Instructor/Preceptor or Supervisor Name:  
\_\_\_\_\_

Describe the chain of events leading up to the incident: \_\_\_\_\_  
\_\_\_\_\_

Detail what equipment was being used: \_\_\_\_\_

Was Personal Protective Equipment required? Yes or No

If yes, what was required? \_\_\_\_\_

Was the Personal Protective Equipment used at the time? Yes or No

Initial Response Action(s), such as flushing, washing, medical care, counseling, etc.:  
\_\_\_\_\_

Describe planned follow-up action(s), such as medical care, etc... \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date \_\_\_\_\_

Student Contact Information:  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach any Additional Comments:

Original: EHS Specialist, Risk Management

Copy: Student and Supervisor