

ENVIRONMENTAL HEALTH & SAFETY 303 Water Street

Henderson, NV 89015 702-651-7445

INCIDENT REPORT

Campus:					
Date of Incident:		Time of Incident:		a.m. / p.m.	
Specific Location (Building/Parking	Lot/Stairwell/Classro	om:		
Personal Informati	on of Involved F	Party:			
Name: Address: Phone Number: Circle one: Stud	lent	Date of Birth: Faculty/Staff	Gender: Guest	M / F	ractor
Type of Incident:	Liability	Property Damage	Vehicle Damage	Medical	Other
Description of Incident	dent:				
Nature of Injury or	· Illness or Prope	erty Damage:			
Police Notified? Witnesses: Phone #:		Police Report Filed?	Police Repo	ort #:	
Name of Person Co					
Date: Signature:	Phone	Depar	tment:		

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WRITTEN STATEMENT

Date:										
Name of Person Writing Statement (Print):										
Status:	Employee	Student	Guest	Contractor	Other					
Address:				Phone #:						
Party of the Incident		Witnes	Witness of the Incident		Other					
Statement Regarding Incident (include date, time, your location, weather conditions, etc).										
	::		Date	:						
(5/20)										