Environmental Health and Safety
UNIVERSITY OF WASHINGTON

UW Non- Employee Incident Form for Students and Campus Visitors

Date of Incident: _____

Time of Incident: _____

Name of Parties Involved

Last Name: _____

First Name: _____

2nd Party Last Name: _____

2nd Party First Name: _____

Contact Information

Street: _____

City: _____

Zip: _____

Telephone #: _____

Contact Information of 2nd Party

Street: _____

City: _____

Zip: _____

Telephone#: _____

Building Name: _____

Location of incident: _____
(such as hallway/ 5th floor)

What were you doing just before the incident?

What happened?

Describe the nature of your injury:

Date Reported: _____
Name of the UW person reporting the incident: _____

Please send this to Environmental Health & Safety at Hall Health Center Box 354400 Seattle, WA 98195
OHS FORM 109

EHS only: F/U req:	Dte. F/U completed:	EHS staff: