



# Don Honorio Ventura State University

Bacolor, Pampanga, Philippines  
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## Occupational Safety and Health Office

DHVSU Main Campus, Bacolor, Pampanga  
E-Mail Address: [uosho@dhvsu.edu.ph](mailto:uosho@dhvsu.edu.ph)



### INCIDENT REPORT FORM

Incident Report No.: \_\_\_\_\_

Campus: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Reported By: \_\_\_\_\_ Designation: \_\_\_\_\_

Unit Head: \_\_\_\_\_ Department: \_\_\_\_\_

#### PERSONAL DETAILS OF THE CONCERNED PERSON:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Campus: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Unit Head: \_\_\_\_\_ Department: \_\_\_\_\_

(Please Tick) ☐ STAFF ☐ STUDENT ☐ CONTRACTOR ☐ VISITOR

#### DETAILS OF THE INCIDENT:

##### Type of Incident:

☐ Injury/Illness ☐ Near Hit/Miss ☐ Fire/Explosion ☐ Property Damage  
☐ Vehicle Event ☐ Environmental Event ☐ Others, Please specify: \_\_\_\_\_

##### Nature of Incident:

☐ Physical injury ☐ Violence ☐ Falls, slips, tripping  
☐ Chemical Exposure ☐ Damage to property ☐ Medical Emergency  
☐ Others, Please specify: \_\_\_\_\_

##### Incident Date & Time:

##### Incident Location:

Description of the incident (Please attached picture on separate page if possible)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

##### Intervention Done:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WITNESS	RELATION/DESIGNATION	CONTACT NUMBERS

#### DETAILS OF INJURY OR ILLNESS SUSTAINED

Describe the injury and affected body part:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

##### Action taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Safety Officer Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

#### ACKNOWLEDGEMENT OF RECEIPT

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

UOSHO representative

Action taken: \_\_\_\_\_

#### RECEIVED ENDORSEMENT OF:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Unit: \_\_\_\_\_ Position: \_\_\_\_\_