DON HONORIO VENTURA STATE UNIVERSITY

Bacolor, Pampanga, Philippines
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URL: http://dhvsu.edu.ph

Occupational Safety and Health Office
DHVSU Main Campus, Bacolor, Pampanga
E-Mail Address:**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**: _____