

**STOCKTON UNIVERSITY
OFFICE OF CAMPUS POLICE**

Off Campus Incident Notification Form

Caller Details

Name:
Position: Tour Leader Employee Student Guest
Phone Number:
Mobile Number:
Location:

Incident Details

Trip:	Destination:
Date of Incident:	Time of Incident:
Number of Travelers Involved in/Affected by Incident: _____	Departure/Return Date:
Nature of Incident:	
Location of Incident:	
Current Situation:	
Weather at Time of Incident:	
Description of Incident:	

Traveler(s) Status

Stable Unstable Hospital Missing
Arrested Deceased
Hospital Information:
Name of Injured:
Additional Information:

Call Responder Details

Taken By: _____
Date: _____
Time Here: _____
Police Dept. CAD # _____

OCERT Team Contacted:
Name: _____
Time: _____

**STOCKTON UNIVERSITY
INCIDENT REPORT FORM**

This form is to be used to report all incidents, injuries, illnesses, or near miss, whether an injury occurred or not, and to document the investigation.

Please complete within 24 hours of the incident.

SECTION A: TO BE COMPLETED BY PERSON INVOLVED

PERSON INVOLVED

Title	Surname	First Name	Date of Birth
Staff	Volunteer	Other	Male Female
Department	Position	Phone Number	
Injured Person/Victim's Name			

DETAILS OF THE INJURY FATALITY NEAR MISS MISSING ASSAULT ARREST
 (check appropriate box) **MISCONDUCT NATURAL DISASTER POLITICAL/CIVIL UNREST**

Date injury/incident/near miss occurred: ____ / ____ / ____

Time injury/incident/near miss occurred: _____ am pm

Location where injury/incident occurred:

PHYSICAL INJURIES

Part of body affected (check appropriate answers)

Head	Trunk	Internal	Arm	Hand	Leg	Foot
eye	neck	heart	left	left	left	left
ear	hip	lungs	right	right	right	right
nose	chest	systemic	shoulder	thumb	knee	great toe
mouth	stomach		upper arm	fingers	lower leg	other toes
teeth	groin		elbow	palm	ankle	
face	back		forearm		thigh	
skull	multiple		wrist		upper leg	
not applicable						

Nature of Injury (check appropriate answers)

abrasion	puncture	heart attack	sprain	burn	traumatic shock
bruise	laceration	hearing loss	strain	scald	electric shock
fracture	amputation	foreign body	hernia	rash	psychosocial
concussion	bite	minor cuts	allergy	chemical	
aggravation of previous injury or medical condition					
not applicable					

Type of incident which caused injury (check appropriate answers)

striking against	stumbling	lifting	pushing	ingestion
struck by	slipping	bending	pulling	absorption
caught in	tripping	twisting	jumping	inhalation
stepping on	falling	stress	motor vehicle	needle stick
other: describe				
not applicable				

Agency of injury/illness/near miss (check appropriate answers)

vehicle	buildings	other tools	structures
power tools	furniture	materials	surfaces
animal/insect	heat stress	equipment	sunburn
biological agent	chemicals	objects	stress
not applicable			

If reporting an incident or near miss, please describe how this occurred:

SECTION B: TO BE COMPLETED BY THE SUPERVISOR & THE PERSON INVOLVED WITHIN 48 HRS

This is an extremely important section as the aim of the incident investigation is to identify preventative action that will avoid recurrence.

Probable cause or causes of injury/incident (check appropriate answers)

inadequate instruction	fault of plant or equipment	weather	terrain
inadequate workspace	equipment unavailable	lack of attention	assistance unavailable

Describe how the incident occurred:

OTHER INCIDENTS (missing, assault, misconduct, arrest)

Describe events leading up to incident:

PREVENTION OF INJURY OR INCIDENT RECURRENCE

Describe what action is planned or has been taken to prevent a recurrence of the incident, based on the key contributing factors

SECTION C:

Signed by supervisor _____
Supervisor's name _____
Signed by person involved _____
Signed by senior manager _____