MINOR INCIDENT REPORT
SCIENCE LABORATORY

Naugatuck Valley Community College
750 Chase Parkway • Waterbury, CT 06708

Date of Incident _____ Time of incident_____ AM or PM

Name: _____ Date of Birth: _____
(Last) (First) (M.I.)

Address _____
(Street) (City) (State) (Zip Code)

Tel. # _____ Student _____ Employee_____

Location where incident occurred: _____

Witnesses, if any _____

Was worker's compensation accident/illness report completed (employees only)? Yes_____ No_____

Was incident reported to Public Safety Department? Yes_____ No_____

Was first aid required Yes_____ No_____

Was further medical treatment recommended? Yes_____ No_____ By whom? _____

Was treatment received? _____ Where? _____ When? _____

Describe Incident _____

_____

Was incident caused by faulty equipment or hazardous conditions? Explain_____

_____

What action took place at time of accident, i.e. first aid, emergency response, transportation? _____

_____

I declare that this report has been examined by me and to the best of my knowledge and belief is complete and the statements made herein are true and correct.

_____ _____
(Signature of Person Involved in Incident) (Date)

_____ _____
(Signature of Supervisor) (Date)

[Note to students: In order to receive possible insurance reimbursement for medical treatment received, you must report the incident to the Coordinator of Disability Services (K518), who will provide you with further instructions.]