



**VALLEY CITY
STATE UNIVERSITY**

Safety Office

101 College Street SW ♦ Valley City, ND 58072
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facility.services@vcsu.edu
www.vcsu.edu/safety

Initial Incident Report

This report is to be filled out by any individual involved in an incident while on campus or while working for the University. An incident is an event that results in any personal injury, property damage, or production interruption. The facts reported on this form will assist in filing an official reported with North Dakota Risk Management.

*****This report should be returned to the Safety Office located in the Facilities Services Building.*****

Employee: Student: Visitor: RM Claim Form: WSI Claim Form:

(Name: First, Last)

(Department- if applicable)

(Contact Phone Number)

(Mailing Address)

(Date of Incident)

(Time of Incident)

(Location of Incident)

Description of Incident: _____

(Witness to Incident)

(Contact Phone Number)

(Signature- optional)

(Date)

*****Give to supervisor or designated personnel*****

(For Safety Office Use ONLY)

(Corrective action taken- remove the hazard, replace, repair, or retrain in the proper procedure for the task)

(Supervisor Signature)

(Date)

(Safety Coordinator Signature)

(Date)

(Filed with RM- date)

(Initials)