

University of Pittsburgh School of Nursing
Health Incident Report Form

This form should be completed by both the student and faculty member and should be submitted to the Office of the Dean by the end of the next business day following the incident. [See Policy #302.](#)

Today's Date: _____

Date & Time of Incident: _____

Location of Incident: _____

Name and status of individual who experienced the incident (student or faculty member):

If Student, level (please check): ____ BSN 1st year ____ BSN 2nd year (sophomore)
____ BSN 3rd year (junior) ____ BSN 4th year (senior) ____ MSN ____ DNP ____ PhD

Instructor's Name: _____

1. Briefly describe the incident (who was involved, who was present, who was notified, what happened, when, where).
2. Was the student or faculty member wearing gloves at the time of the incident? Yes ☐ No ☐ N/A ☐
3. Was the student or faculty member wearing goggles, a face shield, or a face shield mask at the time of the incident? Yes ☐ No ☐ N/A ☐
4. List the name, address, and phone number of all witnesses.
5. List any testing/treatment that was/has been provided.
6. Identify any follow-up which is planned, or which was recommended.
7. How might this incident have been prevented?

Student's signature: _____ Date _____

Faculty signature: _____ Date _____

Date

Received by:

Received in Dean's Office		
Faxed to Environmental Health & Safety		
Forwarded to Student Services		
Copy to Student File		

[Please use the space below if more space is needed.]

Total Faculty Organization Approval: 4/23

Reviewed/ Revised: