Note: Persons employed by ISU who are injured while at work should complete the First Report of Injury form through AccessPlus. More information can be found at the following link: http://www.hrs.iastate.edu/hrs/node/75

Send Completed Report To:
Office of Risk Management
3618 Administrative Services Bldg.
Ames, IA 50011
orm@iastate.edu

UNIFORM INCIDENT REPORT
Iowa State University

Do Not Write In This Box
ISU File #:

Indicate Involved Party's Relationship to Iowa State: ◯ Student ◯ Employee ◯ Guest

TIME AND LOCATION OF INCIDENT

Incident Date:	Day of Week:	Time:
◯ On Campus ◯ Off Campus	Building/Facility:	Room/Area/Near:
Class/Event/Activity:		

INVOLVED PARTY

Name (Last, First, MI):			Phone Number:
Address:		City/State/Zip:	
DOB:	Sex:	Email:	ISU ID #:

NATURE OF BODILY INJURY

☐ Abrasion	☐ Burn	☐ Poisoning	☐ Sprain
☐ Amputation	☐ Cut	☐ Puncture	☐ Splinter
☐ Asphyxiation	☐ Dislocation	☐ Scratch	☐ Strain
☐ Bite	☐ Fracture	☐ Shock	☐ Concussion
☐ Bruise	☐ Laceration	☐ Other:	

PARTS OF BODY INJURED

☐ Abdomen	☐ Elbow	☐ Hand	☐ Nose
☐ Ankle	☐ Eye	☐ Knee	☐ Shoulder
☐ Back	☐ Finger	☐ Leg	☐ Teeth
☐ Chest	☐ Foot	☐ Mouth	☐ Wrist
☐ Ear	☐ Forearm	☐ Other:	

MEDICAL TREATMENT RECIEVED

☐ First Aid Administered ☐ Paramedic On Duty Contacted ☐ Further Medical Treatment Sought ☐ Taken By Ambulance

Describe Treatment Administered:

PROPERTY DAMAGE

Damage Estimate $:	Insurance Company/Policy #:
Describe Damaged Property:	

DESCRIPTION OF INCIDENT

CONDITION OF AREA

WITNESS

Name:	Phone:

INVESTIGATING OFFICER

Name:	Report #:	Department:

PREPARED BY (If Different Than Involved Party)

Name:	Department/Unit:	Phone:

X _____ Involved Party Date

X _____ Prepared By Date

FOR QUESTIONS REGARDING THIS FORM CONTACT THE OFFICE OF RISK MANAGEMENT AT 515 294-7711