

## BUILDING MISHAP and INCIDENT REPORT

This form must be used when a building mishap occurs or an accident, injury or medical situation occurs. The report should be completed no less than 24 hours after the incident. Completed forms should be submitted to the Tetrad Property Group Office located in Suite 1100, Nebraska Innovation Campus. The form is void if not signed below.

INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT					
Full Name					
Home Address					
Affiliation		Student	Employee	Visitor	Vendor
Phone Numbers	Home		Cell	Work	

INFORMATION ABOUT THE INCIDENT						
Date of Incident		Time		Police Notified	Yes	No
Location of the Incident						
Description of the Incident (what happened, how it happened, other factors) Be as specific as possible:						
Were there any witnesses to the incident?				Yes	No	
If yes please list names and phone numbers below.						
Was the individual Injured? If so, describe the injury, the part of the body injured, and any other information known about the incident:						
Was medical treatment provided?				Yes	No	
If yes, where was treatment provided?		On site		Urgent Care		
		Emergency Room		Other		

REPORTER INFORMATION	
Individual submitting report (print name)	
Signature	
Date Report Completed	

