Notice of Incident

Instructions
Use the Notice of Incident form to report (1) exposures, injuries, and near misses involving non-University employees (students, visitors, etc.) who is engaged in University activities or on University property, (2) damage to University property, (3) a University-related event that results in damage to non-University property, or (4) auto accidents on University property that do not involve University employees or vehicles. See the Risk Management website for information about Incident Reporting. THE INCIDENT REPORT IS A CONFIDENTIAL - ATTORNEY/CLIENT-PRIVILEGED DOCUMENT. Do not share it with anyone except authorized University officials. Attach photos and diagrams. Submit the completed form to Risk Management as soon as possible.

Reporting Party’s Information
Name: __________________________________________
Tel: __________________________ Date: __________ Email: __________________________
Department: __________________________ Title: __________________________

Incident Description
Date: __________________________ Time: __________________________
Location: __________________________________________________________
Category: ☐ Injury ☐ Property Damage ☐ Automobile ☐ Near Miss ☐ Exposure
☐ Other: __________________________________________________________
Describe Incident:

Notice of Incident – April 2024
Attachments:
☐ Photo(s) or video(s) ☐ Witness Reports ☐ Public Safety Report ☐ SFPD/SFFD Report ☐ Diagram(s)
☐ Other:________________________________________________________

Reported to:
☐ Passerby  ☐ USF Staff/Faculty  ☐ San Francisco Police Department (SFPD)
☐ San Francisco Fire Department (SFFD) ☐ USF Public Safety ☐ Other:_____________________

Name of Responder:________________________________________________________

Report No.:____________________________________ Tele:__________________________________

Injured Party - In the event of Bodily Injury

Name of Injured Party:________________________________________________________

Email:________________________ Address:________________________________________

Tele:________________________ DoB:_________________ Driver’s License No.:_______________

Other Information:________________________________________________________

☐ Male  ☐ Female  ☐ Other:________________________

Relation to USF:
☐ Student  ☐ Visitor  ☐ Volunteer  ☐ Non-Affiliated Event Attendee  ☐ Other:_________________

If you are an employee, visit HR Workers' Compensation Page for more information.

Describe Injury:
__________________________________________________________________________________
__________________________________________________________________________________

Cause of Injury:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Witnesses

Witness Name:_________________________ Tele.:_________________________

Witness Name:_________________________ Tele.:_________________________

Witness Name:_________________________ Tele.:_________________________