

**Oklahoma Baptist University  
School of Nursing  
INCIDENT REPORT**

**Instructions:** Please complete form in its entirety. Save completed document to your desktop, attach to your email, and submit to nursing@okbu.edu.

Student Name:	ID #
Local Address:	Phone:
Home Address:	
Time Accident Occurred:	Date:
Place of Accident:	Number of People Involved:

PART OF BODY INJURED: NATURE OF INJURY:

DEGREE OF INJURY:

DESCRIPTION OF THE ACCIDENT: How did the accident happen? What was the student doing?

Faculty/Preceptor in charge when incident occurred:

Present at scene of accident:                    YES                    NO

IMMEDIATE ACTION TAKEN:

By:

\*If applicable, please specify Physician or Hospital:

Was a parent or other individual notified?                    YES                    NO

Date:                    Time:                    How:

Name of individual(s) notified:                    By whom:

Witnesses:

Name:                    Phone:

Address:

Name:                    Phone:

Address:

What recommendations do you have for preventing accidents of this type?

Student Signature

Date:

Faculty Signature

Date:

Dean Signature

Date:

By typing your name above, you are electronically signing this document.