

**COLUMBIA COLLEGE**  
**Occupational, Health and Safety**  
**Emergency Response Incident Report**

<b>NOTE:</b> <i>Must; Shall; Will:</i> <i>Should:</i> <i>May or Could; Can:</i>	<u>Clarification of Terms</u> These words or phrases indicate actions or activities that are <i>essential</i> or <i>mandatory</i> . This word implies that it is highly desirable to perform certain actions or activities, but not essential or mandatory. These words imply freedom or liberty to follow an alternative to the action or activity being presented in a document.
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In the event of an incident please complete and forward this form to the Facilities Manager.

**Type of Incident:**

Fire      
 Violence (Threat of)      
 Medical Emergency or Attention      
 Ventilation, Water or Electrical Failure      
 Suspicious Activity

<b>DATE OF EVENT</b>		<b>TIME OF EVENT:</b>	
<b>BUILDING # or SPECIFIC LOCATION:</b>		<b>LOCATION (eg. Room #, hallway):</b>	
<b>REPORT SUBMITTED BY:</b>		<b>DATE:</b>	
<b>FACILITY SERVICES CONTACTED:</b>		<b>EMERGENCY SERVICES CONTACTED:</b>	
<b>Staff involved:</b> 1. Name 2. Office 3. Contact number 4. Email			
<b>Student(s) involved:</b> 1. Name 2. Program 3. Contact number 4. Email		<b>Student(s) involved:</b> 1. Name 2. Program 3. Contact number 4. Email	
<b>Witness(s) involved:</b> 1. Name 2. Program 3. Contact number 4. Email		<b>Witness(s) involved:</b> 1. Name 2. Program 3. Contact number 4. Email	

Event: describe what happened, how it happened, factors leading to the event, substances or objects involved. Be as specific as possible (attach separate sheet if necessary):

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Injuries: Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of the body injured and any other information known about the resulting injury (if applicable)

Property Damage: Was there any property damage? If so, describe the damage and to what property, to fixed property or moveable, (if applicable)

Emergency medical treatment provided? By Whom?

President's  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_