

Date of Incident: _____ Name of Company _____

Company Contact: _____ Phone Number: _____

Oakland University Project Contact: _____ Phone/Email: _____

Please describe **in detail** the incident that *could have* resulted, or *did* result, in injury/illness to your employee(s) or Oakland University employee(s)/student(s)/patron(s).

Please describe what you consider to be the primary cause of the incident

Please describe any secondary cause(s) or other contributing factors to the incident:

Describe any injury/illness

Did the injury/illness require medical attention? Y N
Describe treatment:

Was the OUPD notified? Y N If so, did OUPD complete a report? Y N

If Yes, please provide the report number:

Was a representative from OU EHS notified? Y N

Corrective actions implemented (if applicable:

Oakland University Use Only:

Please return completed form to the Office of Environmental Health and Safety
safety@oakland.edu