Cooper Union Incident Report

This incident report form is not limited to injury or illness, but…
In the event of an INJURY/ILLNESS serious enough to call 911, follow the following protocol in the order listed:

1. Immediately call **911** or **9-911** (from a Cooper phone) and/or administer First Aid.
2. Tend to the injured/ill individual until trained medical personnel are on the scene.
3. Call Jody Grapes (917-975-0840) or Alan Wolf (917-710-0080) 24/7. Try both numbers if necessary to reach a person; leave a detailed voicemail if you can't reach either one.
4. Fill out this form and leave it at the guard's desk. If possible, also fax a copy to 212-353-4011.

Date of Incident: _____ **Time of Incident**: _____ **Time this form was filled out**:_____

Specific location of incident:_____
If accident/injury, name of injured:_____ Role:_____
(first name) (last name) [Student?(Art/Arch/Eng?)Staff?Visitor?]

Name of witness: _____ Role:_____
(**person filling out this form**) (first name) (last name) [Student?(Art/Arch/Eng?)Staff?Faculty?]

Contact info for injured (cell phone preferred):_____
Contact info for witness (cell phone preferred):_____
Describe the incident: _____

_____

_____

_____

_____

_____

_____

_____

_____

For injury be sure to include the nature and location of the injury (e.g., deep cut on left forearm).
Include the names of other witnesses or individuals involved in the incident, if any.

Actions taken:

- ☐ 911 called for medical/injury – who called? _____
- ☐ 911 called for police -- who called? _____
- ☐ Guard contacted -- by whom? _____
- ☐ Phone call(s) made to #s above – who was reached? _____

Signature of person filing this report: _____