

## NAH SAFETY INCIDENT REPORT

*This form needs to be completed by the student and SOUTH TEXAS COLLEGE faculty member. Report should be submitted to [clinicalaffairs@southtexascollege.edu](mailto:clinicalaffairs@southtexascollege.edu) within 48 hours of incident.*

<b>Name of Student/Visitor:</b>	<b>Student ID #:</b>
<b>Address:</b>	<input type="checkbox"/> PROGRAM _____ <input type="checkbox"/> PROSPECTIVE NAH STUDENT <input type="checkbox"/> VISITOR
<b>City, Zip Code:</b>	<b>Cell Phone:</b>
<b>Date of Incident:</b>	<b>Time of Occurrence:</b>
<b>Location of Incident</b> <input type="checkbox"/> NAH CAMPUS BLD __ RM _____ <input type="checkbox"/> CLINICAL AFFILIATE: _____	
<b>Who was notified of incident? Check all that apply.</b> <input type="checkbox"/> Faculty Member <input type="checkbox"/> Staff Member <input type="checkbox"/> Clinical Affiliate Facility Administrator	
<b>Describe the details of the incident (How/What/Where/Why) BE VERY SPECIFIC:</b>          	
<b>Nature, Extent, Degree and Body Locations (s) affected by incident:</b>          	
<b>Was protective equipment worn, provided or required? (Ex.: goggles, gloves, facemask, etc.) (If yes, please describe):</b>          	
<b>Were there any witnesses to the incident? _____ Yes _____ No [If yes, please list name(s) ]:</b>          	
<b>Recommended Action:</b>          	
<b>Preventative Measures taken:</b>          	
<b>Date:</b>          	
<b>Student Name (print):</b>	<b>Student Signature:</b>
<b>Faculty Name (print):</b>	<b>Faculty Signature:</b>