NAH STUDENT INCIDENT REPORT

This form needs to be completed by student and STC faculty. Report should be submitted to the Dean within 48 hours of incident.

Name of Student:	**Student ID #: A**
Address:	**□ Full-time □ Part-time**
City, Zip Code:	
Home Phone:	**Cell Phone:**
Date of Incident:	**Time of Occurrence:**
Was the faculty notified? □ Yes □ No	**Was the facility administrator notified? □ Yes □ No**
Describe the details of the incident (How/What/Where/Why) BE VERY SPECIFIC:	
Nature, Extent, Degree and Body Locations (s) affected by incident:	
Was protective equipment worn, provided or required? (Ex, goggles, gloves, facemask, etc.) (If yes,	
Were there any witnesses to the incident?_____Yes_____No (If yes, please list names):	
Recommended Action:	
Preventative Measures taken:	
Date:	
Faculty Signature:	**Faculty Name (print):**
Signature of Student:	**Student Name (print):**

(Copy to Division, Clinical Affairs Specialist, Program and Student File) Revised 3/17/14, 2/22/10, 6/28/05,7/30/15)