

Mount Holyoke College -- FIRST REPORT OF ACCIDENT

[Non-work related injuries]*

Incident Information: Date: _____	Time: _____	Location: _____
--	-------------	-----------------

Who was injured and/or suffered loss? (Name, age, address, telephone)

Was this individual: Faculty/Staff Student Campus Visitor

*[Work related injuries **MUST** be reported on DIA form 101 available from Human Resources, x2503.]

What happened? _____

Was medical treatment provided? Yes No By whom: _____

Is there an ongoing hazard? If so, has it been reported or mitigated? _____

Who is making out this report? _____	_____	_____	_____
	Name		Telephone
Address/Office	City	State	Zip

Who else saw it happen? (Witnesses: Name, address, telephone)

_____ Date Report Filled-out _____ Signature of Individual Filling-out Report

In case of medical emergency or other need of immediate assistance, call CAMPUS POLICE 1-911 (cell phone or off-campus: 413-538-2304).

Fill out this form as completely as you are able and promptly send to:
Mount Holyoke College, Environmental Health, Safety & Sustainability, 50 College Street, South Hadley, MA 01075