



## Notice OF Incident (Record Only)

<b>ROUTING</b>	EHS&RM MSC
	3578
	<a href="mailto:ehs@nmsu.edu">ehs@nmsu.edu</a>
	Phone 646-3327

This form should be completed to document an incident and should be completed as soon as practical after the occurrence, but within thirty (30) days of the occurrence.

### SECTION 1: REPORTED BY:

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### SECTION 2: INCIDENT DETAILS

Date (mm/dd/yyyy): \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Campus: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

#### WITNESSES:

Name	Address	Phone Number

**DESCRIPTION OF INCIDENT:** Describe what happened. Please note if this incident was associated with a university event.

### SECTION 3: REPORTER SIGNATURE (All statements made on this form are true and correct to the best of my knowledge)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

### SECTION 4: SUPERVISOR / DEPARTMENT HEAD SIGNATURE

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Return completed form to:**  
 Environmental Health Safety & Risk Management  
 New Mexico State University  
 P.O. Box 30001/MSC 3578  
 Las Cruces, NM 88003-8001  
[ehs@nmsu.edu](mailto:ehs@nmsu.edu)

Reset