INCIDENT REPORT

In the event of an injury, call 911. If the injured person is transportable, get them to the nearest medical facility. To be filled out by one of the involved students and emailed immediately to the SPO office peppspo@pepperdine.edu

Date of Incident: _____   Time of Incident: _____

Name(s) and contact info. of person(s) Directly Affected/Injured by Incident: _____

_____

_____

Name(s) and contact info. of other individuals present during the incident: _____

_____

_____

Name and Address of Incident Location: _____

_____

Detailed Description of Incident and Nature of Injury: _____

_____

_____

_____

Corrective Action Taken: _____

_____

_____

Property/Equipment Damage (if applicable): _____

_____

Student Director Signature: _____ Date: _____

Production Operations Signature: _____ Date: _____

Risk Management Signature: _____ Date: _____