

Official Boneyard Incident Report

INFORMATION ABOUT PERSON INVOLVED IN INCIDENT		
First/Last Name:		
<input type="checkbox"/> Student	<input type="checkbox"/> Mentor	<input type="checkbox"/> Visitor

INFORMATION ABOUT THE INCIDENT		
Date of Incident:	Time:	Location:
Description of Incident (What occurred, how, where...) Be as specific as possible.		
Was medical treatment provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		

REPORTER INFORMATION
Individual Submitting Report:
Signature:
Date Report Completed:

Preventative Measure Taken: