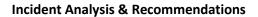


RMS Incident Report

The form is to be completed by personnel following a reported incident that results in property damage or injury; or a reported incident that could have led to property damage or injury. Please complete the following information within 24 hours of any incident. This form should be delivered to RMS at 700 North Texas Blvd, or faxed to (940) 565-4919.

Third Party Information							
Name		Phone #	Email				
UNT Affiliation at Time of Inc			Reaso	on On Campus			
☐ Employee ☐ UNT Studen	t 🔟 Visitor 🔟 Other						
Incident Information							
Date and Time of Incident	Specific Location of I	Incident	Authority	y Contacted			
Written protocol available?	Was protocol followed?	Applicable training com	oleted?	Resulted in injury/illness?	Was it preventable?		
☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐	N/A	☐ Yes ☐ No	☐ Yes ☐ No		
Detailed Description of Incide	ont						
Be specific, attach additional							
Witnesses: Attach additional pages if necessary.							
Full Name	Phone #	Reason Involved					
A chur ann I a de ann a mh ann d-Cirmeathnine a st Thirind Deute.							
Acknowledgement and Signature of Third Party							
By signing below, I agree the all information listed on this form is accurate.							
Name (Print Name)		Signature			Date		





Date/Time Reported to RMS RMS Arrival on Scene Location of incident JIRA Issue # Person(s) Directly involved: Attach Additional Pages if Necessary Full Name Phone # UNT Affiliation at Time of Incident Supervisor's Name and Phone # Description of Event Be specific, attach additional sheets if necessary. What went wrong? Why did it happen?	RMS Analysis of Events (RMS Use Only)							
Full Name	Date/Time Reported to RMS	RMS Arrival on Scene	Location of Incident	JIRA Issue #				
Full Name								
Full Name		•						
Description of Event Be specific, attach additional sheets if necessary. What went wrong?	Person(s) Directly Involved: A	ttach Additional Pages if N	lecessary					
Description of Event Be specific, attach additional sheets if necessary. What went wrong?	Full Name	Phone #	UNT Affiliation at Time of Incident	Supervisor's Name and Phone #				
Description of Event Be specific, attach additional sheets if necessary. What went wrong?			☐ Employee ☐ UNT Student ☐ Visitor					
Be specific, attach additional sheets if necessary. What went wrong?			☐ Employee ☐ UNT Student ☐ Visitor					
Be specific, attach additional sheets if necessary. What went wrong?	Description of Frank							
What went wrong?		heats if necessary						
	be specific, attach additional S	meets ii necessary.						
	What went wrong?							
Why did it happen?								
Why did it happen?								
Why did it happen?								
Why did it happen?								
Why did it happen?								
Why did it happen?								
Why did it happen?								
Why did it happen?								
	Why did it happen?							



Incident Analysis & Recommendations

What Went Well?				
RMS Recommendations				
Completed by				
Full Name	Phone #	Email	Title	
		ī	-	
Completed By (Print Name)		Signature		Date