

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 Incident		Reason On Campus
<input type="checkbox"/> Employee <input type="checkbox"/> UNT Student <input type="checkbox"/> Visitor <input type="checkbox"/> Other		

**Incident Information**

Date and Time of Incident	Specific Location of Incident	Authority Contacted		
Written protocol available?	Was protocol followed?	Applicable training completed?	Resulted in injury/illness?	Was it preventable?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Detailed Description of Incident**

Be specific, attach additional sheets if necessary.

**Witnesses: Attach additional pages if necessary.**

Full Name	Phone #	Reason Involved

**Acknowledgement and Signature of Third Party**

By signing below, I agree the all information listed on this form is accurate.

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**Name (Print Name)**      **Signature**      **Date**

**RMS Analysis of Events (RMS Use Only)**

Date/Time Reported to RMS	RMS Arrival on Scene	Location of Incident	JIRA Issue #

<b>Person(s) Directly Involved: Attach Additional Pages if Necessary</b>			
Full Name	Phone #	UNT Affiliation at Time of Incident	Supervisor's Name and Phone #
		<input type="checkbox"/> Employee <input type="checkbox"/> UNT Student <input type="checkbox"/> Visitor	
		<input type="checkbox"/> Employee <input type="checkbox"/> UNT Student <input type="checkbox"/> Visitor	

<b>Description of Event</b>
Be specific, attach additional sheets if necessary.

<b>What went wrong?</b>

<b>Why did it happen?</b>

What Went Well?

RMS Recommendations

Completed by			
Full Name	Phone #	Email	Title

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**Completed By (Print Name)**                      **Signature**                      **Date**