



**NOTICE OF INCIDENT (RECORD ONLY)**

ROUTING  
EHS&RM  
MSC 3578  
[ehs@nmsu.edu](mailto:ehs@nmsu.edu)  
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. If a claim needs to be submitted, STOP and use appropriate Notice of Claim Form (Automobile Loss, Property Loss, Personal Injury or Damage to Private Property).

**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

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)