

Weber State University
Dr. Ezekiel R. Dumke College of Health Professions
School of Nursing
Student Event Documentation

Use this form to document any accident or injury involving the student that is NOT a bloodborne pathogen exposure incident.

For bloodborne pathogen exposures use the following forms:

*Incident Information Form for an Occupational Bloodborne Pathogen Exposure AND
 Supervisor's Report of Accident* (in red folder or available from weber.edu/EHS/postexposure.html)

Student Name:		W#:			
Campus:	Program (circle one): ADN 1st ADN 2nd BSN MSN				
Course Number:		Date and Time of Incident:			
Clinical Facility:		Date of Report:			
Description of Event:					
Description of any action taken to rectify the event:					
Describe action taken to prevent recurrence:					
Student Signature:					
Faculty Signature:					