## Sample Incident Reporting Audit Form

	All parties at your institution must report this type of incident to this contact.		Your internal contact will be responsible for communicating with these contacts.	Your internal reporting contact likely will coordinate external reporting.
Incident Type	Internal Reporting Contact (Title, name, and contact information)	Campus Policy Title and Link	Insurance and Broker Contacts (Carrier name and contact information, broker name and contact information, timeline for reporting)	External Regulatory Reporting Requirements (Include federal, state, and local regulatory agency name and website; contact information for reporting; timeline for reporting)
Example*: Workplace injury or accident	HR, name of contact, email address, phone number After hours: Contact public safety phone number	Workplace health and safety policy or illness and injury prevention program, link to policy (If applicable)	Insurance carrier(s) including worker's compensation carrier, email address, phone number Brokerage, broker contact(s), email address, phone number	State OSHA agency, website link Email address and phone number Timeline for injuries and illnesses: within X hours Timeline for death or serious bodily injury: X hours [List any other applicable external parties or agencies.]

\*Example for illustrative purposes only. Partner closely with legal counsel to identify all relevant campus policies and internal and external reporting implications.

## Blank Internal and External Incident Reporting Audit Form

Incident Type	Internal Reporting Contact (Title, name, and contact information)	Campus Policy Title and Link	Insurance and Broker Contacts (Carrier name and contact information, broker name and contact information, timeline for reporting)	External Regulatory Reporting Requirements (Include federal, state, and local regulatory agency name and website; contact information for reporting; timeline for reporting)