

Oregon Institute of Technology  
EMPLOYEE INCIDENT REPORT FORM

NOTE: THIS REPORT DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY BY OIT.

Incident Type:	Injury <input type="checkbox"/>	Illness <input type="checkbox"/>	First Aid Only <input type="checkbox"/>	Medical Treatment i.e. Doctor <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Incident Date:	Incident Time:		AM <input type="checkbox"/>	J F 6 .47998 [(J F	f 326.88	58

