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|----------------------|----------------------------------|
|                      | Telephone                        |
| Location of Incident | Date Occurred:<br>Time Occurred: |

en 24596 The Dist 04\_0328 40.2 re W n BT /TT1

If you are an SU employee and the accident is work related do not complete this form; instead, you must complete a **PLEASE**

SEND THIS COMPLETED FORM TO JILLIAN TOWNSEND, ENVIRONMENTAL SAFETY Maintenance Building (MB) 120A

