**Incident Report**

**Name and contact information for person submitting report:**

**Date and time of incident:**

**Location of incident:**

**Description of Incident:**

**Was there personal injury? If yes, please describe.**

**Who was the incident reported to?**

**Date received by Buildings and Grounds:**

**Provide completed form to Cheryl Larsen at** **Cheryl.larsen@garrett.edu** **in the Building and Grounds Department.**