

NOTICE OF INCIDENT - STATE OF NEW MEXICO
(Fill in this form in Detail)
PLEASE PRINT OR TYPE

STATE ON NEW MEXICO

Dept./Div _____ Div. Address _____
Div. Contact Person _____ Phone No. _____
Employee Involved _____ Phone No. _____

TIME, DATE & PLACE OF INCIDENT

Date (mm/dd/yyyy) _____ Time _____ AM _____ PM

Location of Incident _____

INJURED PERSON

Full Name _____ Age _____

Address _____ Phone No. _____

Employed By _____

Injuries _____

Treated By _____ Phone No. _____

WITNESSES

Name	Address	Phone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DESCRIPTION OF INCIDENT

Date _____ Reported By _____ Dept./DIV _____

RETURN THIS FORM TO:

NEW MEXICO STATE UNIVERSITY
CENTRAL PURCHASING
BOX 30001/ MSC 3890
LAS CRUCES, NM 88003