New Mexico CONSORTIUM

INCIDENT REPORT

Rev. 083126

IMPORTANT: Report the incident to your NMC supervisor or any NMC staff as soon as possible. Complete this form to the best of your ability and submit it to HR@newmexicoconsortium.org within 24 hours. NMC staff can assist as needed.

1. INCIDENT INFORMATION

Date of Incident	Time	Location

Reporting Person

Phone Number(s) **Email**

Involved Person(s)

Detailed Description

2. INJURY / MEDICAL RESPONSE

A. Is there any type of skin damage (e.g., cut, abrasion, burn)? No ☐ Yes ☐

B. Is the injured person LANL-affiliated? No ☐ Yes ☐

Response guidance: If Yes to both A and B, notify the four managers below; the LANL supervisor must accompany the injured LANL person to Occupational Medicine. If No to B, non-LANL persons will be taken to Urgent Care (or closest Emergency Room) by NMC staff, as appropriate.

INCIDENT REPORT - CONTINUED

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3. NOTIFICATIONS

Manager / Office	Name / Details
☐ NMC	
☐ LANL Supervisor	
☐ LANL Group Leader	
☐ NSEC Office	

4. IMMEDIATE ACTIONS

Actions Taken and By Whom	

5. PREVENTION / FOLLOW-UP

Suggested Actions to Prevent Recurrence	

6. REPORTING PERSON CERTIFICATION

I certify that the information provided above is complete and accurate to the best of my knowledge.

Signature of Reporting Person	**Date**

Submit completed form to HR@newmexicoconsortium.org within 24 hours of the incident.