



DELTA-MONTROSE TECHNICAL COLLEGE

1765 Hwy 50 - Delta, Colorado 81416 - Bus (970) 874-7671 - Fax (970) 874-8796
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INCIDENT REPORT

NAME OF SCHOOL: _____

LOCATION (class): _____

PARTIES INVOLVED:

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

TYPE OF INCIDENT (be specific): _____

INSTRUCTOR'S STATEMENT ON HOW INCIDENT OCCURRED: _____

NAME TWO (2) EYEWITNESSES TO INCIDENT:

NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

The following people were called:

EMS Fire Police

DMTC Maintenance Name _____

DMTC Administration Name _____

INSTRUCTOR/SUPERVISOR

SAFETY DIRECTOR