



**Center for Advanced Brain Imaging**  
**Georgia State University and Georgia Institute of Technology**  
**831 Marietta St, Atlanta GA 30318, USA**  
**phone (404) 385-8619**  
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## Incident Report Form

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Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Name of injured person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Who was injured? (Circle one) Visitor      Researcher      Research Participant

Type of Injury: \_\_\_\_\_

Location of Injury {e.g. MRI suite, computer lab, corridor} \_\_\_\_\_

Describe the accident/ incident:

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What actions were taken?

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Injury requires physician/hospital visit? \_\_\_\_\_ Yes    \_\_\_\_\_ No

Signature of Staff Completing Form \_\_\_\_\_ Date/Time \_\_\_\_\_

Witnesses: \_\_\_\_\_

**Return this form to Research Technologist within 24 hour of incident, a copy will be forwarded to the Institutional Review Board.**