The Purdue MRI Facility requires that this form be completed if any event occurs that does, or has the potential to, injure any individual involved with or observing an imaging session. 

Please leave this form in the appropriate bin in Purdue Research Office #3 before you depart.

Date of Session _______  Start Time ________  Time of Incident_______

This incident involved a physical injury:  □ yes  □ no

Please describe the incident as completely as possible:
________________________________ ________________________________ __________
________________________________ ________________________________ __________
________________________________ ________________________________ __________
________________________________ ________________________________ __________
________________________________ ________________________________ __________
________________________________ ________________________________ __________
________________________________ ________________________________ __________
________________________________ ________________________________ __________

Please thoroughly describe the resolution of the incident, including all individuals contacted and any information regarding damage to the Facility associated with this incident:__________
________________________________ ________________________________ __________
________________________________ ________________________________ __________
________________________________ ________________________________ __________
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________________________________ ________________________________ __________
________________________________ ________________________________ __________
________________________________ ________________________________ __________

If emergency personnel were required to address an injury, please notify the Manager of Operations immediately.

Primary Operator: ________________________________ __________________________

Secondary Operator:________________________________ __________________________