

**Purdue MRI Facility
Safety Incident Report Form**

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: _____

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

Primary Operator: _____

Secondary Operator: _____