

Originator _____

Date _____

NON-EMPLOYEE ACCIDENT/INCIDENT REPORT FORM

These forms should be filled out immediately and routed to Emergency and Risk Management, Bldg 3.

Date of Injury/Incident ____ / ____ / ____

Time of Injury/Incident ____ : ____ am/pm

Name _____

Phone No. _____ - _____ - _____

Address _____
Street or P.O. Box

City State Zip

D.O.B. ____ / ____ / ____ Sex M F

Student Visitor

Place of Injury/Incident: Bldg. ____ Rm. ____

Engaged in Class Activity? Y N

Other _____

Specify class/section/instructor

Witnesses

Name _____

Address _____

Name _____

Address _____

Description of Accident/Incident: _____

Degree of Injury: Death Impairment Temporary Disability Nondisabling

Dispositions of Accident: _____

Taken to Health Clinic? Y N By Whom? _____ When? _____

Transported? Y N By Whom? _____ Where? _____

First Aid administered? Y N By Whom? _____ When? _____

Treatment applied: _____

Advised to see a Physician? Y N

Was blood present? Y N

Was there unsafe contact? Y N If yes, get help ASAP.

Basic source/cause of Injury/Incident: Unsafe conditions Training Needed Safety rules not followed

Other _____

Recommendations to prevent reoccurrence _____

Health Clinic Comments _____

Signature of person injured

Staff member in charge at time of accident (If applicable)