

Student and Visitor Incident/Accident Report Form

Reporting Guidelines

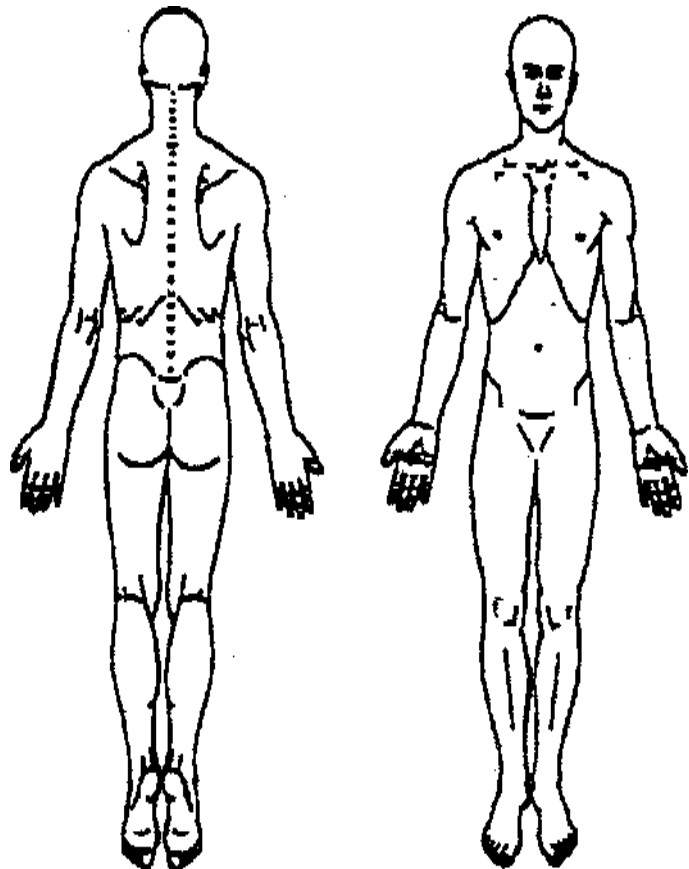
Anytime a non-employee (student or visitor) claims an injury on University owned property an Incident/Accident report should be completed. (example: Visitor claims an injury to their knee due to a fall on stairs on University owned property)

This form should be completed at the time of the incident or as soon as possible, preferably within 24 hours of the incident. A copy of the completed form should be sent to the Office of Safety and Risk Management by the reporting department, with the original kept with the department for their records. Answers should be as complete and as detailed as possible without speculation. Description details could include: type of surface, condition of surface, weather conditions, lighting conditions, condition of student/visitor prior to incident if known, comments made by the student or guest; names, addresses, telephone number of witnesses; and other factors (clothing issues, contributing actions of others, loose objects).

Status:	Student Visitor	Date of accident/incident: (mm/dd/yyyy)	Time of incident/accident: Time: AM PM
Name of Injured: (First, Last)		Phone Number:	
Address:		Email:	
City:	State:	Zip Code:	92#: (if applicable)
Incident/Accident location: (e.g. campus, building, floor and room number, be specific)			

Body Part(s) Injured (Check ALL that apply and circle the areas or highlight on the body diagram provided):

- | | |
|-------------|--------------|
| Arm | Head |
| Abdomen | Hip |
| Ankles | Internal |
| Back | Knees |
| Chest Ribs | Legs |
| Ears | Mouth/ Teeth |
| Elbow | Neck/ Throat |
| Eyes | Nose |
| Face | Pelvis |
| Feet | Shoulder |
| Fingers | Skin |
| Full Body | Toes |
| Groin | Wrist |
| Hand | |
| Other _____ | |



Type of Injury (Check all that apply)

- | | |
|-------------------|---------------------|
| Abrasion | Death |
| Amputation | Dislocation |
| Burn | Fracture |
| Chemical reaction | Puncture |
| Crush | Shock/electrocution |
| Cut/Laceration | Sprain/ Strain |
| Blunt trauma | Bite |
| Bruise | |
| Other _____ | |

Please provide as much detail as possible, a description of the incident/accident. Please provide contact information of witnesses if present. *(Use additional sheets if necessary. Witness statements may be attached to this form)*

Was first-aid rendered? Yes No If yes, please list:	Have medical services been rendered to the Student/Visitor? Yes No If yes, please list location and by who:
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Was a Police Report Yes No Conducted?	If yes, which police agency:
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Report Completed by: (Print):	Title:
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Name (Sign):	Date:
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Department Head/Responsible Person (Print):	Title:
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Name (Sign):	Phone Number:
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Email:	Date:
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Safety and Risk Management USE ONLY

Received Date:

Received By (Print):

Received By (Sign):
