

# Student/Visitors Injury/Incident Report



## Personal Data

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

## Campus Location

Campus: \_\_\_\_\_

Building: \_\_\_\_\_ Room: \_\_\_\_\_

## Injury/Incident

Date of Injury: \_\_\_\_\_

Time of Injury: \_\_\_\_\_

**Describe the nature and extent of injury or incident being reported.**

**Describe the activity being performed when the injury or incident occurred.**

**What object/substance directly contributed to the injury? (Fall/trip/lifting/carrying/pushing/pulling; machine, vapor inhaled; chemical/irritant to skin, etc.)**

**How could this injury or incident have been prevented?**

**What Personal Protective Equipment was provided?**

**Was it being used correctly?**            Yes            No

**Witness(es) Provide name, title, phone#.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone#: \_\_\_\_\_

## Medical Treatment

Please select one:

- Basic First Aid
- Hospital / ER
- Doctor / Clinic
- None

## Student/Visitor Signature

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Please submit completed form to Risk Management, located in Building 155, Room B106, no later than one (1) business day after the injury/incident. Inquiries may be directed to Risk Management at 254-526-1347 or 1-800-492-3348 ext. 1347.**