

NON-EMPLOYEE ACCIDENT/INJURY REPORT FORM

Instructions:

1. *Assist the injured party in receiving medical attention as needed.*
2. *Complete the form promptly (in ball-point pen) for incidents involving injury or potential injury to students and visitors.*
3. **Return completed form as follows:**
 - *Science Center injuries return to the Chemical Hygiene Officer*
 - *Other injuries return to the Human Resources Office*

Date: _____ Time: _____

Name _____

Address _____
Street City State Zip

Telephone Number (Day) _____ (Night) _____

Student Visitor Leasee

Accident Location _____

Instructor (if applicable) _____

Course (if applicable) _____

Injury Suffered _____

Cause of Injury _____

Description of immediate first aid administered or action taken:

Administered by _____

Was further treatment or follow-up treatment suggested? yes no

If so, what? EMU Health Center RMH Rescue Squad

Witnesses _____
Name Phone #

_____ *Name Phone #*

Suggestions for future avoidance _____

Person reporting injury _____ Date _____

Reported to Campbell Insurance _____
Date Time Initials