

SHEPHERD UNIVERSITY ACCIDENT / INCIDENT REPORT FORM

THIS REPORT INVOLVES A: ___ STUDENT ___ EMPLOYEE ___ VISITOR
 ___ ON CAMPUS ___ OFF CAMPUS

Complete this form for any accident resulting in personal injury, or incident that may have resulted injury, that occurs on Shepherd University property or any university sponsored event on or off campus. The university staff person in charge of the department or event is responsible to assure that this form is completed and distributed as indicated.

ACCIDENT / INCIDENT INFORMATION

INJURED'S NAME (please print):

_____ First Middle Last

ADDRESS: _____

PHONE: ____/____/____.

DATE OF ACCIDENT/INCIDENT: ____/____/____. TIME OF DAY: _____ am / pm

DESCRIBE THE ACCIDENT / INJURY / INCIDENT: (By the Injured)

WHERE DID THE ACCIDENT / INCIDENT OCCUR:

Building _____ Floor _____ Room _____ Grounds Area _____

Event _____

DESCRIBE MEDICAL TREATMENT SOUGHT: (for accident only)

WITNESSED and AGREED TO BY:

Print Name _____ Signature _____

Print Name _____ Signature _____

REPORT SUBMITTED BY: _____ **DATE** ____/____/____

DISTRIBUTION OF COPIES (1 copy each)

STUDENTS

White: Safety Committee
Yellow: VP Student Affairs
Pink: University Health Center
Gold: University Council

EMPLOYEES / VISITORS / STD. EMPLOYEES

White: Safety Committee
Yellow: Supervisor of employee
Pink: HR Office
Gold: University Council