

Student _____

Employee _____

SAU ID _____

Job Title _____

Student Employee

Visitor _____

Date of Birth _____

Last Name _____ First Name _____ Middle _____ Home/Cell/BusinessPhone: _____

Home Address (Street, City, State, Zip) _____ Email: _____

Date of Incident _____ Time Employee Began Work: _____ A.M. P.M. Time Incident Occurred: Hour _____ A.M. P.M.

LOCATION OF ACCIDENT University Building University Grounds Other (specify) _____

CAUSE OF INJURY	Animal Bite	Extreme Temps	Foreign object	Medication Reaction	Other (specify) _____
	Aspiration	Fall	Fumes	Poisoning	_____
	Bee Sting	Fire	Human Bite	Seizure	_____
	Chemical				_____

PART OF BODY INJURED	Abdomen	Back	Ear	Face	Groin	Hip	Mouth	Shoulder	Toe	Other (specify) _____
	Ankle	Buttocks	Elbow	Finger	Hand	Knee	Neck	Thigh	Tooth	_____
	Arm	Chest	Eye	Foot	Head	Leg	Nose	Thumb	Wrist	_____

COURSE OF ACTION First-aid treatment By: (Name and Phone Number) _____

Sent Home Sent to Residence Hall Sent to Emergency Room Sent to Health Services By: (Name and Phone Number) _____

Sent to Genesis Occupational Health By: (Name and Phone Number) _____

No Medical Treatment

If you receive care off-campus, bring documentation to Human Resources.

Was a parent or other individual notified? No Yes Date: _____ Name of individual notified: _____

By Whom? (First and Last Name) _____

Witness (Last, First, MI): _____ Street Address, City, State, Zip: _____

Witness (Last, First, MI): _____ Street Address, City, State, Zip: _____

Supervisor Name: _____ Phone: _____ Ext: _____ Email: _____

Accident Details

1. Description of Accident. Please be as detailed as possible.

2. What was individual doing before the incident occurred?

3. Where was individual? (Example: loading dock, on roof, north end of building)

4. Specify any tool, machine, or equipment involved.

5. What object/substance/action directly harmed the individual?

Signature of person completing this form (if other than the injured): _____

Print: _____ Date: _____

**Send this completed form to Health Services as soon as possible.
A copy will be faxed/scanned to Human Resources at 563-333-6326.**