# Texas Tech University System Student and Visitors Incident Report Form

The following section is to be completed by the Person Injured/Involved in the incident

<table>
<thead>
<tr>
<th>Name:</th>
<th>Age:</th>
<th>Phone #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>R #:</th>
<th>Status</th>
<th>Department:</th>
<th>Building Name:</th>
<th>Room Number:</th>
<th>Date of Incident</th>
<th>Time of Incident:</th>
<th>Contact Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Student</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>☐ Visitor</td>
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</tbody>
</table>

Thoroughly describe what happened (cause of the incident, location in room, type of first aid administered (if any), property damage, etc.)

First aid was administered at the time of the incident: ☐ Yes ☐ No
Additional medical attention was offered? ☐ Yes ☐ No If yes, medical attention was ☐ Accepted ☐ Rejected

Name of the Medical Facility/Doctor: _____________________________
Signature of the person Injured/Involved in the incident:______________________________________

The following section is to be completed by the Supervisor/Teaching Assistant

Was a safety rule violated? If yes, explain:
☐ Yes ☐ No

Supervisor’s contact information:

Thoroughly describe what happened (cause of the incident, location in room, type of first aid administered (if any), property damage, etc.)

Signature of the Supervisor/Teaching Assistant:______________________________________

The following section is to be completed by the Safety Coordinator/Responding Personnel

Safety Coordinator’s/Responding Personnel’s Actions:

Signature of the Supervisor/Teaching Assistant:______________________________________

Department Phone # | Point of Contact: