

Texas Tech University Student and Visitor Incident Report Form

<i>The following section is to be completed by the person injured/involved in the incident.</i>			
Name:		Age:	Phone #:
R #:	Date of Incident		Time of Incident:
Status <input type="radio"/> Student <input type="radio"/> Visitor	Department: Building Name: Room Number:		Contact Address:
Thoroughly describe what happened (cause, location in room, describe first aid (if any), property damage, etc.)			
First aid was administered at the time of the incident: <input type="radio"/> Yes <input type="radio"/> No Additional medical attention was offered? <input type="radio"/> Yes <input type="radio"/> No If yes, medical attention was <input type="radio"/> Accepted <input type="radio"/> Rejected Name of the Medical Facility/Doctor: _____ Signature of person injured/involved in incident: _____			
<i>The following section is to be completed by the supervisor/teaching assistant.</i>			
Was a safety rule violated? If yes, explain: <input type="radio"/> Yes <input type="radio"/> No		Supervisor's contact information:	
Thoroughly describe what happened (cause, location in room, describe first aid (if any), property damage, etc.), and what could have prevented it. Consider individual actions/inactions, room layout and external influences.			
Signature of the Supervisor/Teaching Assistant: _____			
<i>The following section is to be completed by the safety coordinator or other responding personnel.</i>			
Safety Coordinator's/Responding Personnel's Actions:			
Safety Coordinator/Responder Signature		Department Chair Signature	
Department Phone #		Point of contact for department:	

Email completed form to safety@ttu.edu