

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

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 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: <input type="radio"/> Yes <input type="radio"/> No	Supervisor's contact information:
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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:
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