INJURY REPORT
(Information on ALL Accidents)

This form may be completed electronically.

☐ 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) _____

Please Circle

CAUSE OF INJURY

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

PART OF BODY INJURED

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

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.