

HSC INCIDENT REPORT FORM



HEALTH SCIENCE CENTER
TEXAS A & M UNIVERSITY

Privacy Notice: The information on this form together with any attachments is the property of Texas A&M Health Science Center (HSC). State Law requires that you be informed that you are entitled to: (1) request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge to you.

Instructions: Complete the following information within 48 hours of any incident involving injury to or property damage to a student or a visitor or other in a non-work related injury. Upon the completion of this form, please submit to: hsc-incidentreporting@tamhsc.edu.

STATUS	<input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Other		
TIME & PLACE	Date/Time of incident		Location: Street, City, Building, Room No. (Be specific)
	Type of Premises <input type="checkbox"/> Construction Site <input type="checkbox"/> Hallway <input type="checkbox"/> Parking Lot <input type="checkbox"/> Sidewalk <input type="checkbox"/> Lobby/Entrance <input type="checkbox"/> Stairway <input type="checkbox"/> Office <input type="checkbox"/> Street <input type="checkbox"/> Other: _____		Conditions <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy <input type="checkbox"/> Icy <input type="checkbox"/> Uneven Surface <input type="checkbox"/> Other _____
PREMISES CONDITION			Police Department
			Case/Report No. <input type="checkbox"/> Not Reported
INCIDENT DESCRIPTION	Describe What Happened (Use additional sheet if necessary):		
INJURED PERSON	Name		Age Phone No.
	Address		Social Security Number:
DESCRIPTION OF INJURY & MEDICAL TREATMENT	Injury - Describe the type, severity, and body part involved		
	Was Medical Treatment Given? <input type="checkbox"/> Yes <input type="checkbox"/> No Will seek treatment later <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Name of Medical Facility/Doctor		Transported by Ambulance _____ Transported by Other: _____
PROPERTY DAMAGE	Owner's Name	Address	Phone #
	Describe the property and the damage:		
WITNESSES Give the Full Name and Address of Each Witness Including Permanent Address	Name	Address	Phone #

Name of Person completing this Report **Title** **Phone #**

HSC Component: _____ **Department:** _____ **Date:** _____

INSTRUCTIONS FOR COMPLETION OF INCIDENT/INJURY/PROPERTY DAMAGE REPORT

ASSIST THE INDIVIDUAL AND CALL 911 IF EMERGENCY MEDICAL ASSISTANCE IS NEEDED.

REPORT ALL SERIOUS INJURIES AND SAFETY HAZARDS TO CAMPUS OR LOCAL POLICE DEPARTMENT (if applicable) AND HSC RISK MANAGEMENT AT (979) 436-9250 OR EMAIL AT HSC-RISK-INSURANCE@TAMHSC.EDU.

TAMHSC EMPLOYEE INVOLVED IN, OBSERVING OR DISCOVERING THE INJURY/PROPERTY DAMAGE IS RESPONSIBLE FOR COMPLETING THIS REPORT.

RELATE ONLY TO THE FACTS ON THIS FORM - DO NOT GIVE THIS FORM TO THE INJURED PERSON TO COMPLETE. DO NOT CONTACT THE INJURED PERSON LATER TO OBTAIN INFORMATION

BE OBSERVANT - ATTEMPT TO GET AS MUCH INFORMATION AS POSSIBLE AT THE TIME OF THE INCIDENT.

DO NOT DISCUSS THE ACCIDENT WITH ANYONE - EXCEPT THE POLICE AUTHORITY AND HSC RISK MANAGEMENT.

HSC RISK MANAGEMENT WILL COORDINATE THE INVESTIGATION AND RESOLUTION OF CLAIMS. REFER ALL QUESTIONS REGARDING STATUS OF CLAIMS TO HSC RISK MANAGEMENT.

AFTER COMPLETION – EMAIL FORM TO:

HSC-Incidentreporting@tamhsc.edu

CONTACT INFORMATION:

**HSC Risk Management
TEXAS A&M HEALTH SCIENCE CENTER
Finance and Administration
A&M System Building, Suite 2079
200 Technology Way
College Station, Texas 77845-3424**

Email: hsc-risk-insurance@tamhsc.edu