

Texas Tech University Health Sciences Center Non-Employee Incident / Injury Report Form (Non-Clinical Areas)

Instructions:

- Circle or complete responses
- Complete all sections in detail. Attach another page if needed.

PERSONAL INFORMATION

Title:	Name (<i>Last, First, MI</i>):		
Date of Birth: / /	Status: Student / Visitor / Volunteer		
Sex: M F	School or Company		
Home Address:			
City:		State/ Zip:	
Home Phone:	Work Phone:	Other Phone:	
E-mail Address:			

INCIDENT / INJURY DETAILS

Date of Injury:	Time of Injury:	Today's Date:
Description of Injury:		
How did Incident Occur (If needed, draw a diagram to explain, i.e., weather condition, condition of surface / area, any comment(s) by injured party)		
Campus: <input type="checkbox"/> Amarillo <input type="checkbox"/> El Paso <input type="checkbox"/> Lubbock <input type="checkbox"/> Odessa		
Name / address where injury / exposure occurred.		
Was medical treatment required <input type="checkbox"/> Yes <input type="checkbox"/> No		Date/time:

NAME OF WITNESS / NAME OF PREPARER

Name of witness:	Day phone:
Name of witness:	Day phone:
Name of Faculty/Supervisor (if applicable):	Day phone:
Name of person preparing report:	Day phone:
Signature of person preparing report:	Date:

Department of Safety Services (Submit within 72 hrs)