

THE UNIVERSITY OF ARIZONA NON-EMPLOYEE INCIDENT REPORT FORM

UA Student
Volunteer Department _____
Other _____

Print or Type

| | | | |
|-------------------------|-------------------|-------------------|------------------------|
| Name: _____ | | Age: _____ | Gender: _____ |
| Work phone: _____ | Home phone: _____ | Cell phone: _____ | |
| Local Address _____ | ADDRESS | APARTMENT # _____ | CITY _____ STATE _____ |
| Permanent Address _____ | | | |
| Reason on Campus _____ | | | |

Date of Incident: _____ Time: _____

Location of Incident/Unsafe Area: _____
NAME OF BUILDING OR OTHER AREA ROOM NUMBER

Explain How Incident Occurred: _____

Did this incident cause personal injury? No _____ Yes _____ If "yes", state nature of injury _____

Did the injury require medical treatment? _____

If yes, where or from whom? _____

Were others injured? _____ No _____ Yes _____ If "yes", provide name(s) _____

Nature of Injury: _____

Part of Body Affected: _____

Date U of A employee was notified: _____

Name of U of A employee: _____ Phone # _____

List witnesses to Incident: _____

Was personal protective equipment required when incident occurred? _____ Yes _____ No

Was personal protective equipment being used at the time of the incident? _____ Yes _____ No

If personal protective equipment was used, check type (one or more)--
_____ protective clothing _____ head protection _____ respirator
_____ foot protection _____ hearing protection _____ back support
_____ eye protection _____ seat belt _____ other – explain _____

What actions have been taken to prevent re-occurrence: _____

Could this incident have caused a more serious injury or significant property loss? _____ Yes _____ No

An incident investigation may be warranted. Call Risk Management for assistance (621-1790).

Signature of Injured Person (if applicable) _____ Date: _____

Name of Other Person Completing form: _____ Phone # _____
PRINT OR TYPE

Signature of the Above: _____ Date: _____

**Please fax the form to (520)621-3706 or mail it to Risk Management Services, P.O. Box 210300 Tucson AZ 85721
FOR RISK MANAGEMENT INVESTIGATION PURPOSES ONLY**