**INSTRUCTIONS FOR COMPLETION OF IINCIDENT/INJURY/PROPERTY DAMAGE REPORT**

1. REPORT ALL SERIOUS INJURIES AND SAFETY HAZARDS TO CAMPUS POLICE DEPARTMENT ext. 2611 AND THE SAFETY OFFICE ext. 2646.
2. THE TAMUK INDIVIDUAL INVOLVED IN, OBSERVING OR DISCOVERING THE
INCIDENT OR PROPERTY DAMAGE IS RESPONSIBLE FOR COMPLETING THIS REPORT.
3. TO FILL OUT FORM, SIMPLY CLICK ON THE GREY BOX AND BEGIN TYPING. TO SELECT THE NEXT BOX, EITHER CLICK ON IT OR SIMPLY PRESS THE ‘TAB’ KEY.

RELATE ONLY TO THE FACTS ON THIS FORM.

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

1. AFTER FORM IS COMPLETED, SAVE THIS FILE AND EMAIL THIS TO THE DEAN OF STUDENTS AT KIRSTEN.COMPARY@TAMUK.EDU OR HAND DELIVER A HARD COPY TO THE DEAN OF STUDENTS OFFICE IN THE MEMORIAL STUDENT UNION BUILDING (msub), ROOM 306.
2. THE DEAN OF STUDENTS WILL REVIEW THE INCIDENT REPORT AND WILL SUBMIT IT TO ENVIRONMENTAL HEALTH AND SAFETY WITH RECOMMENDATIONS FOR ANY ACTION, IF NECESSARY.
3. DO NOT DISCUSS THE INCIDENT WITH ANYONE EXCEPT UNIVERSITY POLICE AUTHORITIES, ENVIRONMENTAL HEALTH AND SAFETY, OR THE DEAN OF STUDENTS OFFICE, IF APPLICABLE.

|  |  |  |
| --- | --- | --- |
| **TAMUK-logo.gif** | Student Incident Report | TAMUK Safety OfficeMSC 111Support Services 103Phone 361-593-2646 |

**Section 1: *To be completed by Student/Witness/Other* Please PRINT or TYPE**

|  |  |  |
| --- | --- | --- |
| **TIME****& PLACE** | **Date/Time of incident** | **Location: Street, City, Building, Room No. (Be specific)** |
|       |       |
| **PREMISES****CONDITION** | **Type of Premises** | **Conditions** | **Reported to** |  |
|  | **University** | [ ]  Yes |
| [ ]  | Construction Site | [ ]  | Parking Lot | [ ]  | Dry  | [x]  | Uneven Surface | **Police Dept?** |
| [ ]  | Hallway | [ ]  | Sidewalk | [ ]  | Icy | [ ]  | Other:       |  |
| [ ]  | Lobby/Entrance | [ ]  | Stairway | [ ]  | Snowy |  |       | **UPD Report #** |       |
| [ ]  | Office/Classroom | [ ]  | Street | [ ]  | Wet |  |  |  |  |
| [ ]  | Other:       |  | [ ]  | **Not Reported** |
|  |  |  |  |  |  |  |  |  |  |  |
| **INCIDENT****DESCRIPTION** | **Describe What Happened *(Use additional sheet if necessary)*:** |
|       |
| **INJURED****PERSON** | **Name** | **Age** | **Phone No.** |
|       |       |       |
| **Address** | **K#:** |
|       |       |
| **DESCRIPTION****OF INJURY****&****MEDICAL TREATMENT** | **Injury - *Describe the type, severity, and body part involved*** |
|       |
|  |  |  |  |  |  |  |  |  |  |  |
| **Was Medical Treatment Given?** |  | **Yes** | [x]  | **No** | [ ]  | **Will seek treatment later** | [ ]  |  |
|  |
| **Name of Medical Facility/Doctor** | [ ]  | **Transported by Ambulance** |       |
|       | [ ]  | **Transported by Other:** |       |
| **Minor Emergency Clinics do not accept Worker’s Comp Insurance** |
| **PROPERTY****DAMAGE** | **Owner’s Name** | **Address** | **Phone #** |
|       |       |       |
| **Describe the property and the damage:** |
|       |
| **WITNESSES**Give the Full Nameand Number of EachWitness Including Permanent Address |  |  |  |
| **Name** | **Address** | **Phone #** |
|       |  |  |
|       |  |  |
|       |  |  |
|  |  |  |  |  |  |  |  |  |
| **Name of the Person** |  |  |  |  |  |  |
| **completing this Report** |       | **Phone #:** |       |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Department** |       | **Date** |  |