Texas Tech University System Student and Visitors Incident Report Form

The following section is to be completed by the Person Injured/Involved in the incident

<table>
<thead>
<tr>
<th>Name:</th>
<th>Age:</th>
<th>Phone #:</th>
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R #:       Date of Incident       Time of Incident:

Status
○ Student
○ Visitor

Department:          Building Name:          Room Number:          Contact Address:

Thoroughly describe what happened (cause of the incident, location in room, type of first aid administered (if any), property damage, etc.)

First aid was administered at the time of the incident: ○ Yes  ○ No

Additional medical attention was offered?  ○ Yes  ○ No  If yes, medical attention was ○ Accepted  ○ Rejected

Name of the Medical Facility/Doctor: _____________________________

Signature of the person Injured/Involved in the incident: ________________________________________

The following section is to be completed by the Supervisor/Teaching Assistant

Was a safety rule violated? If yes, explain: ○ Yes  ○ No

Supervisor’s contact information: _____________________________________________________________

Thoroughly describe what happened (cause of the incident, location in room, type of first aid administered (if any), property damage, etc.)

Signature of the Supervisor/Teaching Assistant: ________________________________________________

The following section is to be completed by the Safety Coordinator/Responding Personnel

Safety Coordinator’s/Responding Personnel’s Actions:

Signature of the Supervisor/Teaching Assistant: ________________________________________________

Department Phone #          Point of Contact: