Benedictine University
Informing today—Transforming tomorrow

Report of Accident / Incident

Send completed report by the end of the day to:

1. Personnel Resources for faculty/staff or student worker
2. Student Health Services if student

Check one regarding the person involved:

☐ Student ☐ Student Worker ☐ Faculty ☐ Staff ☐ Other _____

Name: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Campus Phone: _____ Date of Birth: _____

Gender: ____ M ____ F Marital Status: _____ # of minor dependents: _____

ACCIDENT / INCIDENT

Date of incident / accident: _____ Time of incident / accident: _____ am pm

Date reported: _____ Time reported: _____ am pm

Time employee started work the day of accident / incident: _____

Job title: _____ Department: _____

Location of accident / incident: _____

If injured off campus, was the activity University sponsored? _____ Activity: _____

Describe the accident / incident: _____

_____

_____

Was the accident/incident due in any way to defective equipment and/or materials or neglect? _____

Please describe: _____

Witnesses: (1) _____ (2) _____
Name Phone Name Phone

_____
Signature of injured person (indicating agreement of above statement)

For Office Use Only

Describe Injury: _____ Part of Body: _____

Treatment: _____

Given by: _____

Disposition: _____ To Hospital ____ To Health Services ____ To Home ____ To Doctor ____ To Work/Class