Non-Employee Injury/Incident Report

Use this form to report incidents involving Students or Visitors involved in an injury or incident on campus.

Student/Visitor Information

Name

Bear Number (if available)

Home Address (Street, City, State, Zipcode)

I Am A: ◯ Student   ◯ Visitor

Sex: ◯ Male   ◯ Female   ◯ Other

Home Phone (no dashes)

Cell Phone (no dashes)

Injury/Incident Information

Date of Incident

Time of Incident   ◯ AM   ◯ PM

Was incident on UNC property?   ◯ Yes   ◯ No

Location (Room Number, Building, Parking Lot)

Was injury/illness reported to a UNC Faculty or Staff member?

◯ No

◯ Yes, please provide name of UNC personnel:

Was UNC Police Department Notified?

◯ No

◯ Yes

What were you doing when the injury/incident occurred?

◯ Attending Class   ◯ Attending an Event

◯ Other

Immediate Action Taken (Check all that apply)

☐ First Aid Provided   ☐ Went to Doctor

☐ Went to Hospital   ☐ Went to Student Health Center

☐ Other [_____]

Did the individual go to the hospital, student health center, etc. because UNC personal advised them to go?

◯ No

◯ Yes, please provide name of UNC personnel [_____]

Name the object or substance which cause the injury/incident to occur. (limit 65 characters)

[_____]

Nature of Injury (Identify how the injury or incident occurred; include the part(s) of the body affected. (limit 400 characters)

[_____]

List all known witnesses (include name and phone number)

[_____]

Student/Visitor Electronic Signature   Date

[_____]   [_____]

Name of Reporting Party   Phone Number (no dashes)   UNC Affiliated

[_____]   [_____]   ◯ No

                                                                       ◯ Yes

Send original form to Environmental Health & Safety - Campus Box 57