



## COLLEGE OF NATURAL AND HEALTH SCIENCES STUDENT INJURY/ACCIDENT REPORT

NOTE: This form must be filled out within 48 hours of the injury/accident.

### Identification Information

Student Name			Bear #	
Home Address	City	State	Zip Code	Phone #

### Injury/Accident Information

Date of Injury or Illness		Time of Injury or Illness		Was the accident or illness on UNC property?	
Site of Injury or Illness (Building name and room #)		Class/Lab/Activity (Course Name and Prefix)		Instructor/TA/GA Name and Phone #	
<b>Immediate action taken (Check all that apply and fill in appropriate name or location)</b>					
<input type="checkbox"/>	First Aid by	<input type="checkbox"/>	Sent to doctor by	<input type="checkbox"/>	Sent to hospital by
<input type="checkbox"/>	Sent Home by	<input type="checkbox"/>	Sent to Student Health and Services by	<input type="checkbox"/>	Name of hospital
What were you doing when you were injured? (Please check all that apply and provide any additional descriptions)					
<input type="checkbox"/>	Activity or Class	<input type="checkbox"/>	Lab Course	<input type="checkbox"/>	Other (please describe)
<b>Nature of Injury</b> (Identify how the injury or illness occurred and the part(s) of the body affected. If this injury occurred in a lab, please fill in the box below. (Use the back of the page for more room)					
If this accident occurred in a lab, please specify if there was a <b>fire, broken glass, chemical spill</b> . If there was a spill, please specify the chemicals, concentrations, and approximate quantities, and if any materials were released outside of the lab including the sewer. (Use the back of the page for more room)					
<b>Witnesses</b> (at least 2 and include Name and Phone Numbers)					
Name		Phone Number		Name	
Signatures				Phone Number	
Injured party					Date

*Additional Space from front (if needed)*

***Post Injury/Accident Information***

**For the Instructor** - Describe any actions taken after the incident. (For example, wash affected area, types of first aid applied, spill absorbed, etc.)

Instructor Name	Signature	Date

**Safety Committee** – Recommendations of the safety committee after incident evaluation

Safety Committee Name	Signature	Date
		Date

**Chair Comments** (if needed)

Chair Name	Chair Signature	Date