



Non-Employee Injury / Incident Report

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

To report a UNC employee injury/incident, report to Human Resources and fill out an Injury/Illness report form.

STUDENT/VISITOR INFORMATION

Section I

Name		Bear # (if available)	
Home Address		City	State
Which applies to you: Student <input type="checkbox"/> Visitor <input type="checkbox"/>		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Home Phone
			Cell Phone

INJURY / INCIDENT INFORMATION

Section II

Injury or Incident Date	Injury or Incident Time AM <input type="checkbox"/> PM <input type="checkbox"/>	Was the incident on UNC's property? YES <input type="checkbox"/> NO <input type="checkbox"/>
Location of Incident (Room #, Building, Parking Lot)		Was incident reported to a UNC Faculty or Staff member? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please provide name of UNC personnel:
Was UNC Police Department Notified? YES <input type="checkbox"/> NO <input type="checkbox"/>	What were you doing when incident occurred? <input type="checkbox"/> Attending Class <input type="checkbox"/> Attending Event <input type="checkbox"/> Other _____	
Immediate Action Taken (Check all that apply) <input type="checkbox"/> First Aid Provided <input type="checkbox"/> Went to Doctor <input type="checkbox"/> Went to Hospital <input type="checkbox"/> Went to Student Health Center <input type="checkbox"/> Other _____		
Did the individual go to the hospital, student health center, etc., because UNC personnel advised them to go? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If Yes, who was the UNC personnel _____		
Nature of Injury (Identify how the injury or incident occurred; include the part(s) of the body affected. Add additional page if necessary).		
Name the object or substance which caused the injury or incident to occur.		
List all known witnesses (include Name and Phone Number)		
Student/Visitor Signature		Date
Name of Reporting Party (Print Name)	Phone Number	UNC Affiliated YES <input type="checkbox"/> NO <input type="checkbox"/>

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

Section III

Environmental Health & Safety Use Only

Date EHS Received Report	UNC Police Report Number (if available)	EHS Comments
Departments Notified of Incident <input type="checkbox"/> UNC Police Department <input type="checkbox"/> Dean of Students <input type="checkbox"/> Human Resources <input type="checkbox"/> Facilities Management <input type="checkbox"/> Risk Management <input type="checkbox"/> Other _____		