



INCIDENT / INJURY REPORT

for
NON - TAMUCC EMPLOYEES

Environmental, Health & Safety Dept.
 Phone Number: (361) 825-5555
 Fax Number: (361) 825-5556
 Texas A&M University – C.C.
 6300 Ocean Drive, Unit 5876
 Natural Resources Center, Ste.1100
 Corpus Christi, Texas 78412-5876

University Police Department
 Phone Number: (361) 825-4444

Please PRINT or TYPE

| | | | | | |
|--|---|--|---|---|--|
| TIME & PLACE | Date/Time of Incident | Location: Street, City, Building, Room No. (Be specific) | | | |
| PREMISES CONDITION | Type of Premises <input type="checkbox"/> Construction Site <input type="checkbox"/> Parking Lot <input type="checkbox"/> Hallway <input type="checkbox"/> Sidewalk <input type="checkbox"/> Lobby/Entrance <input type="checkbox"/> Stairway <input type="checkbox"/> Office <input type="checkbox"/> Street <input type="checkbox"/> Other: _____ | | Conditions <input type="checkbox"/> Dry <input type="checkbox"/> Uneven Surface <input type="checkbox"/> Icy <input type="checkbox"/> Other: _____ <input type="checkbox"/> Snowy <input type="checkbox"/> Wet | | UPD Report (if available) UPD Report # _____ |
| INCIDENT DESCRIPTION | Describe What Happened <i>(Use additional sheet if necessary)</i> : | | | | |
| INJURED PERSON | Name _____ | | Phone Number _____ | | |
| | Address _____ | | | | |
| DESCRIPTION OF INJURY & MEDICAL TREATMENT | Injury - <i>Describe the type, severity, body part involved, and treatment * (see below)</i> | | | | |
| | Was Medical Treatment Given? Yes <input type="checkbox"/> No <input type="checkbox"/> Will seek treatment later <input type="checkbox"/> | | | | |
| | Name of Medical Facility/Doctor _____ | | <input type="checkbox"/> Transported by Ambulance: _____ <input type="checkbox"/> Transported by Other: _____ | | |
| DESCRIPTION OF PROPERTY DAMAGE | <u>Owner's Name</u> _____ | | <u>Phone Number</u> _____ | <u>Other Contact Information</u> (e-mail, cell #, etc.) _____ | |
| | <u>Property Damaged:</u> <input type="checkbox"/> Vehicle <input type="checkbox"/> Building <input type="checkbox"/> Furniture <input type="checkbox"/> Equipment <input type="checkbox"/> Tools <input type="checkbox"/> Other _____ | | | | |
| | <u>Description:</u> _____ | | | | |
| WITNESSES | Name | Address | Phone # | | |
| Give the full name and address of each witness. | | | | | |
| | | | | | |
| | | | | | |

Name of the Employee Completing this Report _____ Phone Number _____

Signature _____ Department _____ Date _____

* This form can be located at the following website: <http://safety.tamucc.edu/forms>

IMPORTANT !

DO NOT GIVE THIS FORM TO THE INJURED PERSON TO COMPLETE !

(Ver. 06/23/2009)

INSTRUCTIONS FOR COMPLETION OF INCIDENT / INJURY REPORT :

- 1) Report all incidents or injuries to University Police Department x**4444**.
- 2) Assist the individual. If it is life threatening dial **9-911** (campus phone), or dial **911** on a cell phone. A cell phone call should be followed up by calling 825-4444.
- 3) Report safety hazards to Environmental, Health & Safety **x5555**.

PROCEDURES TO FOLLOW :

- 1) The TAMUCC employee involved in, observing or discovering the incident/injury is responsible for completing this report.
- 2) Relate only to the facts on this form.
- 3) **DO NOT contact** the injured person later to obtain information. Be observant – attempt to get as much information as possible at the time of the incident/injury.
- 4) **DO NOT discuss** the incident/injury with anyone – except the police authority and/or Environmental, Health & Safety personnel.
- 5) After completion – **FORWARD this form** to:

Environmental, Health & Safety
Texas A&M University – Corpus Christi
Natural Resources Center, Suite 1100
6300 Ocean Drive, Unit 5876
Corpus Christi, TX 78412-5876

OR

Fax to: (361)-825-5556

- 6) **The Environmental, Health & Safety Department will coordinate the investigation.**