

NON-EMPLOYEE ACCIDENT/INJURY/INCIDENT INFORMATION

Injured person: _____ Student Student worker Visitor

Note: Gustavus faculty/staff/administrators should use employee-specific reporting form. <https://gustavus.edu/safety/osh>

Date of Accident/Incident: _____/_____/_____ Time: ____:____ a.m./p.m.

Location (Where Did the Accident/Incident Occur?): _____

What was the injured person doing just before incident occurred?:

Full Description of Accident/Incident: _____

What object or substance directly harmed the person?: _____

Contributing factors: _____

Description of Safeguards: _____ Were Safeguards in Use? _____ Yes _____ No

Prevention recommendations: _____

Names of Other Parties Involved: _____

Names of Witnesses: _____

INJURY INFORMATION

Part of Body Affected: _____ Nature of Injury: _____

Treatment: _____ First Aid _____ Physician/Clinic _____ Emergency Room _____ Hospital (in-patient) Was

Campus Safety Contacted at Time of Injury/Accident (507-933-8888)?: _____

Name and Address of Treating Clinic/Hospital: _____

Physician: _____ Phone No.: _____

Date of Treatment: _____ Treatment: _____

Person completing form: _____

COMPLETED REPORT MUST BE SENT TO RISK MANAGEMENT (FINANCE) WITHIN 24 HOURS