

Arkansas Tech University-Ozark Campus

ACCIDENT/INCIDENT REPORT:

Injured Person - Full Name:		Student I.D. Number:	
Phone Number:			
Date of Injury:		Time:	
Location of Incident:			
Injury Care Needed: <input type="checkbox"/> First Aid <input type="checkbox"/> Doctor's Care <input type="checkbox"/> Emergency Room			
Name(s) of Others Involved:			
Describe the incident and the location where it occurred (include any tools or machines being used):			
Describe the nature of any injury incurred:			
Witnesses:		Phone Number:	
1.			
2.			
3.			
Statements by witnesses:			
1.			
2.			
3.			

Signature – Person Completing Report

Date

Employee Signature

Date

Please submit this report to: Public Safety Officer, Collegiate Center Office 100, Phone 479-667-2117