

# THE UNIVERSITY OF ARIZONA NON-EMPLOYEE INCIDENT REPORT FORM

UA Student   
Volunteer  Department \_\_\_\_\_  
Other  \_\_\_\_\_

Print or Type

Name: _____		Age: _____	Gender: _____
Work phone: _____	Home phone: _____	Cell phone: _____	
Local Address _____	ADDRESS	APARTMENT # _____	CITY _____ STATE _____
Permanent Address _____			
Reason on Campus _____			

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Incident/Unsafe Area: \_\_\_\_\_  
NAME OF BUILDING OR OTHER AREA ROOM NUMBER

Explain How Incident Occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did this incident cause personal injury? No \_\_\_\_\_ Yes \_\_\_\_\_ If "yes", state nature of injury \_\_\_\_\_  
\_\_\_\_\_

Did the injury require medical treatment? \_\_\_\_\_  
\_\_\_\_\_

If yes, where or from whom? \_\_\_\_\_

Were others injured? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ If "yes", provide name(s) \_\_\_\_\_  
\_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Part of Body Affected: \_\_\_\_\_

Date U of A employee was notified: \_\_\_\_\_

Name of U of A employee: \_\_\_\_\_ Phone # \_\_\_\_\_

List witnesses to Incident: \_\_\_\_\_

Was personal protective equipment required when incident occurred? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was personal protective equipment being used at the time of the incident? \_\_\_\_\_ Yes \_\_\_\_\_ No

If personal protective equipment was used, check type (one or more)--

_____ protective clothing	_____ head protection	_____ respirator
_____ foot protection	_____ hearing protection	_____ back support
_____ eye protection	_____ seat belt	_____ other – explain _____

What actions have been taken to prevent re-occurrence: \_\_\_\_\_  
\_\_\_\_\_

Could this incident have caused a more serious injury or significant property loss? \_\_\_\_\_ Yes \_\_\_\_\_ No

An incident investigation may be warranted. Call Risk Management for assistance (621-1790).

Signature of Injured Person (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

Name of Other Person Completing form: \_\_\_\_\_ Phone # \_\_\_\_\_  
PRINT OR TYPE

Signature of the Above: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax the form to (520)621-3706 or mail it to Risk Management Services, P.O. Box 210300 Tucson AZ 85721  
FOR RISK MANAGEMENT INVESTIGATION PURPOSES ONLY**